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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF STATH YEAR Joan Marie Richter 08 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 VF 216-14-7392 71 YRS. 09 08 Maruland permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundol RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Anne Arundel Annapolis 1 YES 2/ NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2900 Shipmaster Way Apt 201 burial-transit 21401 USA hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 XVO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 1 X Never Married 2 Married B 3 Widowed 4 Divorced be detached for use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Personnel Director Corporation 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the ch Michael A. Richter F Jennie Vetrovsku 6 BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joanne Triantafillides 7434 Edgewood Rd., Annapolis, MD 21403 pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Metropolitan Funeral Service 8-2-93 Alexandria, Virginia

22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 4 ☐ Donation 8 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 147 Duke of Gloucester St., Annapolis, MD filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate ehock, or heert feilure. List only one ceuse on eech line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Dagth the disease or condition LUNG Cancer 8 years ysician and completely prior to burfal, cremati event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in death) LAST 0 Injury, PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Health and any 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO has be Dept. 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) EXAMINER? certificate to the State HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 the 27. MANNER OF OFATH 26a. OATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED With this 1 Natural 5 Pending BY 1 YES 2 NO death 2 Accident FUNERAL DIRECTOR: Att within 72 hours after dea TTANT: If item 28 is n 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 8 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, IMPORTANT: 296. SIGNATURE AND TITLE OF-CERTIFIER THE F 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE belouthers 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HOSPITAL OF ATTENDING PHYSICIAN: The Impression that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hosp	THEFORTH AND THE CONTINUED HAS been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached to build reamned or removal.	MANY. If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M	/ MARYLAND Ci	DEPAR	TMENT	OF H	EALTH DEAT	AND M		YGIENE EG. NO.		20)	2400	2
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Ì	PI	HILIP RAN							AUG.	3 199	3	TEAR	4	57551). M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	MIN	7. DATE OF B (Month, Day	y, Year)		Counti	ry)	(State or Foreign	
	213-22-0179 9e. FACILITY NAME (If not institution, give s	1 XXM 2 □ F	70	YRS.			R LOCATIO		UG. 18	3 192	922 MARYLAND 9c. COUNTY OF DEATN			AND	_
Œ	ANNAPOLIS CONVALI		משיחוני			APO		IN OF DEA	AIN					NDEL	
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	10e. STREET AND NUMBER	NNE ARUNI	EL	AN	NAPUL		. ZIP CODE			Т	10a CITI	ZEN OE N		AYES 2 NO	\dashv
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	15. DECEDENT'S EDU	CATION	46- 06	POPOPUTIO	USUAL O	OCHENTIC			der was	D OF BUS	 		LAC	K	-
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립	Elementary/Secondery (0-12)	College (1-4 of 5	"	CUST	ODIAN	I				JCATI		7111(1)	O.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				:		18. MOTH	HER'S NAM	ME (First, Middl	e, Maiden S	Surname)		•		
BE (PHILIP RANDAL	. SR.							NCHE						_
5	190. INFORMANT'S NAME (Type/Print) CLARA O. RANDALL								NNAPO				1		
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO					MINALO		ATION —			late	
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	HILL other p	CRES'	T CEM	(ETE	RY			AN	NAPO	LIS	, M	D.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					NO ADDRES								
	Harry	D. J.	ose.						MORTI ANNA	-			1/40	1	
	23. PART i. Enter the diseases, or shock, or heart failure.				not antar	tha mo	da of dy	ing, such	se cerdisc	or reapir	atory sn	reat,		Approximate interval Between	
	IMMEDIATE CAUSE (Final	Clar only one can	ase Dir each inte	a.		0			4				-	Onsat and Da	
	disease or condition										4 day	2			
_	disease or condition resulting in death) s. Puer mocia - Recurrent DUE TO (OR AS A CONSEQUENCE DF): Resisfant Staph. pseudomoneg -														
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E	27. MANNER OF DEATN	28e. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME DF JURY		JURY AT ORK?		28d. DEŞCRI	BE NOW I	NJURY OC	CURED			
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9	25s. CENTIFIEN CERTIFYING PHYS	ICIAN: To the best of	f my knowledne d	leath occur	red at the t	lime date	and place	and due	to the causel	a) and man	ner ee sta	ted	_		
COMPLETED	2 MEDICAL EXAMIN												(e) end	menner ee stated	d.
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TO BE	Mente	4	\triangle	^			1) (16:	23		>	814	19	3	
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	SE OF DEATH (ITI	EM (7) (Typ	e, Print)	0-1	+ K		A	, Ar	1/2	A 1	T		
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31. DATE FILED (Month, Day, Year) AUG 0 4 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JESUS TAN, M.D., FROSTBURG PLAZA, FROSTBURG, MD 21532

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 8/2/934 3. TIME OF DEATH YEAR MARGARET ELIZABETH REPHANN 1:50A " 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS BRIDE 1 🗌 M 2 🙀 F 212 24 1669 1/28/08 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GOODWILL MENNONITE NURSING HOME GRANTSVILLE **GARRETT** RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY FROSTBURG 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 84 HILL STREET 21532 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES ... 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pt 1 ☐ YES 2 NO Specify: ВУ 3 Widowed 4 Divorced Specify. WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) aţ BE JOHN HOWELL CECELIA HOWELL notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 CATHERINE HUNT 84 HILL ST., FROSTBURG, MD 21532 pe 20s. METHOD OF DISPOSITION
14 Burial 2 Cremellon 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Must 4 Donation 5 Other (Specify) ECKHART CEMETERY 8/5 ECKHART, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. uers 60 W. MAIN ST., FROSTBURG. MD 21532 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 THO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 THO 4 Mursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending ВУ 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (Specify) 3 Suicide ETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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		REGISTRAR		CERTIF	FICATE C	F DEATH	F	REG. NO.		
16		1. DECEDENT'S NAME (First, Middle, Last)	alber-	t Si	wax	n	2. DATE OF MONTH	DEATH DAY	YEAR 4	TIME OF DEATH
1)	5	4. SOCIAL SECURITY NUMBER 217-26-2167	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF (Month, D	BIRTH ay: Year) 23-09	8. BIRTHPL Country)	ACE (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give s		3_1	9b. CITY, TOV	VN OR LOCATION OF D			IWEST.	<u>Virginia</u>
1, 2,	DIRECTOR	Harford Memorial	Hospital		Havre	de Grace			Harfor	d
Pages	REC	10s. STATE 10b. COUNT			TY, TOWN OR LO				10	Id. INSIDE CITY
permit. F		Maryland Har	ford	A	berdeer					YES 2 NO
÷5	FUNERAL	250 Paradise Roa	d			21001		I -	tizen of wha U.S.A.	T COUNTRY?
Z I S-UUZU attending physician. ise as the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	It yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2XXNO Speci	an, Puarto Rica		14. RACE — Black, W Specify: Whi	American Indian, thite, atc.
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he hospit detached once.	OMF	12 17. FATHER'S NAME (First, Middle, Last)	0	Civil	Servic		_	.S. Govt	•	
# E E	Ü	The state of the s				16. MOTHER'S NA	AME (FIRST, MIGG	le, Malden Surname)		
retained 5 should notified	TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	et and Number or Rural	Route Number,	City or Town, State, 2	(ip Code)	
be re	F	Mr. James H. Swa				gton Stre	et, Ha	vre de G	race,	MD 21078
M > 00 -		20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	oval from State 20	b. PLACE AND DATE	OF DISPOSITION	Gardens	OATE	20c. LOCATION -		
		4 Donation 5 Other (Specify)		er air M		E AND ADDRESS OF FA	8/3	Bel Air	, Mary	Land
SAL I		*Kirsten A			Tarı Aber	ing-Cargo deen, Mar	Funer	21001-3	399	
within 24 hours upletely filled in I cremation, or referred, the median.		IMMEDIATE CALICE (FIRST	a deteriore	sech line.	Carde				rrest,	Approximata interval Between Onset and Desth
be executed to be to burian and control burian and control burian authorized authorized to burian authorized to bu	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
death certificate attending physic ental Hygiene pri	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS a	A CONSEQUENCE O	PF):					
a dy a		PART II. Other significant condition		out not resulting	In the underl	ying ceuse given in	Part I. 24	n. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS
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N: The law ricate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA			PLACE OF DEATH (C/	neck only one)			
SICIAN: The certificate the State	YSI	1 X YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 - Nursing I	fome 5 - Residence	8 Other (Sp	pecify)		
NG PHYSII fter this co sath with I	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIR	JURY	INJURY AT WORK? YES 2 NO	28d. OESCRI	BE HOW INJURY OF	CCUREO	
TTENDI TOR: A after de	ETED E	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, term,	street, factory, o	ffica		N (Street and Number own, State)	er or Rural Route	Number,
4	APL.		CIAN: To the best of my know							
	COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigati	on, in my opinio	n, death occured at the	time, data and	placa, and due to	the cause(a) an	d manner as stated.
THE F	BE	296. SIGNATURE AND TITLE OF CERTIFIES	1 1991	ed Estar	neser	29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Mo	inth, Day, Year)
6 5 8 M	6	30. NAME AND ADDRESS OF PERSON WA	COMPLETED CAUSE OF DE	ATH (ITEM 27) (5-	Print)	10011	44		1/30/	93
		KICHARD &	· COLFEO	2 MD	20	13 Tolle	wote	uch Ro	2105	4
		AUG 02 93	22. REGISTRAR'S SIGN	Jandell.			/			

BALTIMORE, MARYLAND 21203-3146	ICIAN: The law requires that the death certificate be executed withir ours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ht state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IN THE HIS PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	m THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and complete?) and in by the fine attending physician and complete? and in by the fine attending the first between the medium of remodel.	MPDHTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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2. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MARYL				D MENI	REG. NO.	L	93	2400
1. DECEDENT'S NAME (First, Middle, Last)							W V		IME OF DEATH
					Au	gust 1	. 199	33	9:15 P M
The same of the sa			IF UNDER 1 YEAR MONTHS DAYS	1	RS. 7. DA	onth, Day, Year)	00	Country)	
		04	9b. CITY, TOWN	OR LOCATION O	F DEATH	20/19			and
	. Center			Bel Ai	ir		Ha	rfor	rd
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d.	INSIDE CITY LIMITS?
	Harford				Hill				YES 2 NO
	Maran Comme T	2007	10		250				COUNTRY?
11. MARITAL STATUS			13. WAS DE		- /	GIN? (Specify Yes		RACE - A	mericen Indien,
1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, a	ecity Cuban, Me	exican, Puer			Black, Wh Specify:	ite, atc.
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17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	S NAME (Fire				
Walton	S. Sear	ff		Ro	sel	a		Horr	berger
		2000 1000			tural Route N	umber, City or Tow	n, State, Zip C	ode)	
					v 0r	20c. LO	CATION — CII	v or Town	itate
1 Buriel 2 Cremetton 3 Remo	val from State	other place)							
21. SIGNATURE OF FUNERAL SERVICE UC			22. NAME A	ND ADDRESS O	F FACILITY				
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IMMEDIATE CAUSE (Fine)									
resulting in daeth)	715p112	non (Mein						
	C Da	a.c. AA	4.0	1.0	0	ii.		i	
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ceuse. Enter UNDERLYING CAUSE (Disease or Injury	4.1270011031103		()					
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	#): <u> </u>						
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PART II. Other significant conditions	contributing to deeth i	out not resulting	In the underlying	ng cause give	n in Part I	24a. WAS AN PERFOR	RMED?	CON	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
PART II. Other significant condition:	s contributing to deeth i	out not resulting	In the underlyir	ng cause give	n In Part I	PERFOR	RMED?	CON	LABLE PRIOR TO IPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL		out not resulting	26. F	ng cause give		PERFOI	RMED?	CON	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	28. F OTHER: 4.2. Nursing Ho	LACE OF DEATI	H (Check onl)	PERFOI 1 YES 2	RMED?	CON	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
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	1. DECEDENT'S NAME (First, Middle, Lest) WALTON 4. SOCIAL SECURITY NUMBER 218-36-6484 9a. FACILITY NAME (If not institution, give str. Bel Air Conval RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER 2932 Grier 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the convenience) Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, Lest) Walton 19e. INFORMANT'S NAME (Type/Print) Florene May Secondary (1 Specify) 21. SIGNATURE OF FUNERAL SERVICE (1 Specify) 23. PART I. Enter the diseases, or conshock, or heart failure. It is the convenience of the	WALTON CLEME 4. SOCIAL SECURITY NUMBER 218-36-6484 9a. FACILITY NAME (If not institution, give street and number) Bel Air Conval. Center RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Harford 10e. STREET AND NUMBER 2932 Grier Nursery F 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Walton 17. FATHER'S NAME (First, Middle, Last) Walton 19e. INFORMANT'S NAME (Type/Print) Flore May Scarff 20e METHOD OF DISPOSITION 1 AB Burlet 2 Cremetton 3 Removel from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MMEDIATE CAUSE (Fined diseases or condition resulting in deeth) Sequenticity list conditions, if any, leading to immediate ceuses. Enter UNDERLYING CAUSE (Disease or injury that initiated events	1. DECEDENT'S NAME (First, Middle, Last) WALTON CLEMENT 4. SOCIAL SECURITY NUMBER 218-36-6484 12M 2 F 84 YRS. 9a. FACILITY NAME (If not institution, give street and number) Bel Air Conval. Center RESIDENCE OF DECEDENT 10b. COUNTY Maryland 10c. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 2932 Grier Nursery Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6 17. FATHER'S NAME (First, Middle, Last) Walton S. Searff 19b. MAILING Florence May Scarff 20c. METHOD OF DISPOSITION 1A Buriel 2 Cremetron 3 Removal from State 4 Donath Scarff 20c. METHOD OF DISPOSITION 1A Buriel 2 Cremetron 3 Removal from State 4 Donath Scarff 20c. METHOD OF DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE UCLNSEE A DONATH Scarff 20c. METHOD OF DISPOSITION 1 A DONATH SCARFF 20c. METHOD OF DISPOSITION 2 DONATH SCARFF 20c. METHOD OF DISPOSITIO	1. DECEDENT'S NAME (First, Middle, Last) WALTON CLEMENT 4. SOCIAL SECURITY NUMBER 218-36-6484 127M 2 F 84 YRS. 84 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10b. COUNTY Maryland 11. MARITAL STATUS 1 NAME (If not institution of the street and number) 10 STATE 10 STATE 10 No STATE 10 No STATE 10 No STATE 10 No STATE 11. 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DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use neithdring most of working life. Do NOT use and a life. Do NOT use neithdring most of working life. Do NOT use and life. Do NOT use neithdring most of working life. Do NOT use neithdring most of working life. Do NOT use life. Do NOT use neithdring most of working life. Do NOT use life. D	1. DECEDENT'S NAME (First, Middle, Last) WALTON CLEMENT SCARFF AND AUDITORY SCARFF SCARFF	1. DECEDENT'S NAME (First, Middle, Last) WALTON CLEMENT 4. SOCIAL SECURITY NUMBER 218-36-6484 128 2 F 8. AGE (in yrs. last birmiday) Bel Air Conval. Center Bel Air Conval. Center 190. CITY, TOWN OR LOCATION OF DEATH Bel Air Conval. Center RESIDENCE OF DECEDENT 190. STREET AND NUMBER 2932 Grier Nursery Road 11. MARITAL STATUS 10. STREET AND NUMBER 2932 Grier Nursery Road 11. MARITAL STATUS 11. Merrind 2 Merrind 2 Merrind 3 Widowed 4 Divorced 11. MARITAL STATUS 12. 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SALE SECTION OF THE RESIDENCE OF

		HEGISTHAH		CE	RUE	CALE	T DEATH		REG. NO.				
	10	1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH		3.	TIME OF DEATH	
	- 93	Marv	Pauline	S	pice	r			gust 4	4 0 0 0	EAR	430 m	
		4. SOCIAL SECURITY NUMBER		GE (In yrs. lesi		IF UNDER 1 YEA	AR IF UNDER 24 HR		E OF BIRTH				
		- See Land Control of Control	1 🗆 M 2 📉 F			MONTHS DAY		. /. UAI	with Day Want		Country)	NCE (State or Foreign	
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3 should		9a. FACILITY NAME (If not institution, give st				9b. CITY, TOV	VN OR LOCATION OF	F DEATH		9c. COUNTY	OF DEAT	Н	
€,	СТОВ	11 Algonquin	Rd.			(Cambridg	ge		Dorc	hes	ter	
	5												
8	DIREC	United to the second se			1111	TOWN OR LO					10-	d. INSIDE CITY LIMITS?	
4		MD. Dor	chester			Cambr	idge				1 [YES 2 NO	
Per	AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZER	QF WHA	T COUNTRY?	
. Usit	E	11 Algonquin	Rd.				216	513	- 1	U.	S.A		
020 physician. burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI			13. WAS	DECENDENT OF HIS	PANIC ORIO	GIN? (Specify Yes	or No — 14	RACE -	American Indian,	
D20 Phys		1 Never Married 2 Married	FORCES? 1 1 1		0	If yes	yes 2 X NO Sp	rican, Puert	o Rican, etc.)		Black, W	hits, atc.	
0 eg	B	3 🕅 Widowed 4 🗌 Divorced	ii res, are man o	n DAIES		'"	TES 2 M HO Sp	ecity:			Specify:	white	
115 e as	입	15. DECEDENT'S EDUC		16a. DEG	EDENT'S (JSUAL OCCUP	ATION	1	6b. KIND OF BUS	INESS/INDUS	TRY		
2121 al or atte for use	H	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Gi	re kind of w Do NOT use	ork done during retired.)	most of working						
S S S	7	1.1	2		teac	hor		- 1	nuh1	ic sc	hoo	1.0	
AND the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)			Leac	пет	40 MOTHERIE	NAME (C)	t, Middle, Maiden S		1100	12	
YLA be de			illiam 1	Brads	hau		18. MOTHER'S	_	estina		rto	n	
PA	BE		11114111 1									11	
MARYLAND 21215-0020 s retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	2	19a. INFORMANT'S NAME (Type/Print)	1 .	19b	MAILING	ADDRESS (Str	et and Number or Ru	ral Route Nu	imber, City or Town	, State, Zip Co	de)	1 (1)	
RE, N ay be re page 5	_	Mary Etta Cr	eighton		213	Somer	set Ave	e. Ca	ambrid,	ge Ma	. 2	1013	
The may be a did		20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	wal from State	20b. PLACE A	ND DATE O	FDISPOSITION	(Name of	0/	ATE 20c. LOC	CATION — City	or Town,	Stats	
TOR B 6 may ector, p		4 Donation 5 Other (Specify)	Oval from State	01 d	Trin	itv (Churchya	ard	8/1 Ch	urch	Cre	ek Md.	
ALTIN death. Pag funeral dii i.		b \$0.78	R 11.	1				,	Thomas	Fune	ral	Home	
BA Ber of Mal.		/ January	1 June	10 J	7-	700	Locust	t St	. Camb	ridge	Md	.21613	
B. nours after d in by the or removal		23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that cau	sed the de	th. Do no	ot enter the	mode of dying, a	uch as ca	ardiac or respir	atory arrest	•	Approximate	
24 hours filled in on, or re	- 1	IMMEDIATE CAUSE (Final	list only one ceuse o	n each line.	í		0					Interval Between Onset and Death	
n 24 ation,		disease or condition											
760, ad within ompletel il, crema event,		resulting in death)	DUE TO (OR		UENCE OF			0	7				
68760, kecuted within 24 h and completely filled burial, cremation, eatilc event, the r	- 1		Makasi	17	C	0116	laddes	- (0	in in			ĺ	
exec and bu	CERTIFICATION	Sequentially list conditions,											
	¥	if any, leading to immediate cause. Enter UNDERLYING	122-17 (4)			•							
四岛美元	윤	CAUSE (Disease or Injury	DUE TO (OR /	AS A CONSEQ	HENCE OF								
P.O. B th certificat ending phy al Hygiene p	Ē	that initiated events resulting in death) LAST	502 10 (011)	A CONSEC	OLNOE OF	•							
P.O. eath certi	斯		ŀ										
the death the death by the atter of Mental		PART II. Other eignificant condition	e contributing to deal	th but not re	euitina ir	the underl	ving cause given	in Part I	24a, WAS AN	MITTOPEY	245 WE	RE AUTOPSY FINDINGS	
CORDS, res that the designed by the at eatth and Ment	EDICAL						ymg omase given		PERFORI		AW	VILABLE PRIOR TO	
COR signed by Health an	ă					<u> </u>			1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?	
REC requires been sign to of Heal	M		<u>.</u>								1[YES 2 NQ	
AL RE law requ nas been Dept. of 1	AN: M												
4 =	Y S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					. PLACE OF DEATH	(Check only	one)				
F VITA SICIAN: The certificate h the State I	PHYSICI	1 TES 2 NO	HOSPITAL:	Outpatient 3		OTHER:	lome 5 Residen	C0 8 7 74	her (Specify)				
OF V HYSICIA Ma certif	Ξ	27. MANNER OF DEATH	28e. DATE OF INJU	RY	28b. TIME	OF 26c.	INJURY AT	1	EŞCRIBE HOW IN	JURY OCCUR	ED		
0 差 提 報		1 Natural 5 Pending	(Month, Day, Ye	ar)	INJU		WORK?						
ONG Affer death	B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJ	URY At hor	ne farm et			200 17	OCATION (Street at	nd Mumbas ne	Own I Down	Alicebas	
ISIC TTEND TIDE: J		4 Homicide 6 Could not be	building, etc. (Specify)	,,	, 120,019, 1		201.00	ity or Town, State)	na Number or	nurai nouti	г митовг,	
DIVISION OR ATTENDING I DIRECTOR: After hours after death them 28 is man	回						-			<u></u>			
and the state of t	COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC											
Service Control of the Control of th	9	2 MEDICAL EXAMINE	9: On the basis of sxamin	ation end/or is	vestigation	, in my opinio	n, death occured at	the time, de	He and place, and	due to the c	suse(s) sn	d menner as stated.	
- FEEE		296. SIGNATURE AND TITLE OF CERTIFIER	20				29c. LICENSE	NUMBER		29d DATE O	GNED 44	onth, Day, Year)	
C 35.35	BE	William	150	\sim	0		0.12	721	7	▶ P	7-1	()	
O BEXE	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED	DEATH STEE	1/	Dates)	140	20		X	101	マラ	
		11 (1)	E. Can	DEALH (ITEN	Zry(lype, I		nl	911	10				
4			Col	mon	49	c, 1	na,	216	212				
		AUG 06 '93	32. REGISTRAR'S	IGNATURE	70.	7							
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FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should matter 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND / DEPARTMENT			MENTAL	HYGIENE
		CERTIFICATE	0	E DEATH		DEC NO

1 - FOR STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPART	MENT OF	HEALTH AND	MENT	AL HYGIEN		3	240	UI
1. DECEOENT'S NAME (First,	Middle, Last)							TE OF DEATH		-70	3. TIME OF DE	EATH
		Viola	н. 3	Shaffe	r		gust 3	1993	YEAR	4:00	Ам	
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yr	s. lest birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DA1	TE OF BIRTH onth, Day, Year)			LACE (State of	Foreign
213-09-7862		□ M 2 💢 F	95	YRS.	MONTHS DAYS	HOURS MIN.		11/1898			land	
9a. FACILITY NAME (If not ins						OR LOCATION OF D	EATH		9c. COUNT			
Meridian Nur	sing H	ome			Balt	imore			Bal	timo	re	
	10b. COUNTY			10c, CITY	TOWN OR LOC	ATION					10d. INSIDE C	1974
Maryland	Ca	rroll				Hampste	hse			- 1	LIMITS?	
10e. STREET AND NUMBER					1	of, ZIP CODE	Saa		10a CITIZE		AT COUNTRY	
1329 N. Mai			210	74		log. Offize	USA		,			
11. MARITAL STATUS	1	2. WAS DECEDENT	EVER IN U.S	S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC OBIC	SIN? (Specify Vee	or No. 1		– American I/	nell a m
1 Never Married 2 A		FORCES? 1			If yes, s	pecify Cuban, Mexico S 2 NO Specif	an, Puert	to Rican, etc.)		Black,	White, etc.	olan,
3 Wildowed 4 Divorce	ed			1		S 2 24 NO Specia	ıy.			Specify.	White	2
15. DECE (Specify only	DENT'S EDUCAT	'IDN mpleted)	164	Give kind of w	JSUAL OCCUPAT	ION	1	6b. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-1		College (1-4 or 5 +	, -	Ille. Do NOT use	retired.)	ost or working						
6th grade				Seams	ress			Hampste	ad Se	wing	Facto	ory
17. FATHER'S NAME (First, Mid								t, Middle, Malden	Surname)			
Hollais She		Harris				Rovil						
19a. INFORMANT'S NAME (Typ.		2				and Number or Rural						
Henrietta M		1		1821 I	Benedic	t Rd., We	estm	inster,	Md.	2115	7	
20a, METHOD OF DISPOSITIO	3 🗆 Remove	I from State	cemeter	CEAND DATE OF	ar place)		DA	ATE 20c. LOC	CATION — CH	y or Town	n, State	
4 Donation 5 Other (S		CEE A	Ha	mpstead			8/	5 Ham	pstea	d, M	aryla	nd
1.1	Ha) 1	1 1 /	0,	.)	22. NAME /	ND ADDRESS OF FA	CILITY	Eline	Funer	al H	lome	
xyu	u l	N, C,	une		934	S. Main S	Stre					174
23. PART i. Enter the dis	eases, or con	nplications that	caused the	deeth. Do no	ot enter tha m	ode of dying, suc	h as ce	ordiac or respir	ratory arres	it,	Approxi	imata
IMMEDIATE CAUSE (Fina							-					Batween and Death
disease or condition resulting in death)		Athero	5clle	10th (Pardio	vada	1) 2	Scare				
		OUE TO (DR AS A COL	NSEDUENCE DF)		va ula iesse					+	
Sequentielly list conditio	b					ease						
if eny, leading to immedicause. Enter UNDERLYIN	ate	DUE TO (OR AS A CO	SEDUENCE DF)	*							
CAUSE (Disease or injury) re	1 Her	NSEDUENCE DE								
that initiated events resulting in deeth) LAST		, par 10 (DH AS A CO	ASEDUENCE DE)	•							
	d										-	
PART II. Other significent	conditions	contributing to	death but n	ot resulting in	tha underlyin	g cause given in	Part i.	24a. WAS AN			YERE AUTOPSY	
AIZH	einer	~5 /.) ise	ade				PERFORI		C	MAILABLE PRICE COMPLETION OF	
								1		1	F DEATH?	I NO.
												,
25. WAS CASE REFERRED TO EXAMINER?					26. F	LACE OF DEATH (Ch	eck only	one)				
1 YES 2 ND		OSPITAL:	ER/Outpation		OTHER:	ne 5 🗆 Rasidenca	6 🗆 Ott	her (Specify)				
27. MANNER OF DEATH		28a. DATE OF I (Month, Day		28b. TIME INJU	OF 28c, IN	JURY AT ORK?		ESCRIBE HOW IN	JURY OCCU	RED		
1 Netural 5 Pe	nding restigation	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11100		YES 2 ND						H
3 Suicide 6 Co	ould not be	28e. PLACE DF building, e	INJURY - A	t home, farm, str	eet, factory, offi	ce	28f. LO	CATION (Street ar by or Town, State)	nd Number or	Rural Rou	ite Number,	
4 Homicide de	termined	10.00					Çal	y or lown, state)				
29a. CERTIFIER (Check only	YING PHYSICIAI	N: To the best of n	ny knowledge	, death occurred	at the time, dat	end place, and due	to the c	euse(s) end mani	ner as stated.			
one) 2 MEDICA	AL EXAMINER: C	n the basis of axe	mination and	l/or investigation	in my opinion,	death occured at the	time, da	ta and placa, and	due to the o	ouse(a) a	and manner as	stated.
296. SIGNATURE AND THE		1				29c. LICENSE NUI					fonth, Day, Yea	
MARKE	en 1	Ins	MI	1		13	01	82	▶ 8		3 - 5	3
30. NAME AND ADDRESS OF						1	-					
WILLIAM	Rus	rell 3	332	OBET	MOSM	AVE	13	AT M	D:	212	27	- 1
31. DATE FILED (Month, Day, Ye.	ar)	32. REGISTRAR	'S SIGNATUR	E								$\overline{}$
AUG 5 '93		TURE BOYL	-	Brition								

A DESCRIPTION

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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	filed	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5	2	2	X

FRANCIS C MAYLE
31. DATE FILED (MONTH), Day, YEAR)
JUL 1 4 1993

10215 FERNWO.
32. REGISTRATS SIGNATURE
Juna Davidson-Randall

FERNWOOD

						0.2	21.000
	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH		L HYGIENE REG. NO.	24008
- 18	1. DECEDENT'S NAME (First, Middle, Last)			12 01 227	2. DATE	OF DEATH	3. TIME OF DEATH
12	CHARLES EI	DWARD	SMIT	H JV	MOHT 7	1 /2 9	3 1438 M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. I		DER 1 YEAR IF UNDER 2		OF BIRTH In, Day, Year)	BIRTHPLACE (State or Foreign Country) Maryland
	Sa. FACILITY NAME (If not institution, give street	t and number)	9b. C	ITY, TOWN OR LOCATION	N OF DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	14820 SUGAL	RLAND RI		OLESVIL		MOR	TOOMERY
<u>ا</u>	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
	MD Mont	gomery	POOLE	SVILLE	4		1 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	14820 SUGAI	RLAND R.	D	208	37	U.S	S.A.
5		2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		13. WAS DECENDENT OF	HISPANIC ORIGI	N? (Specify Yes or No.— 14	Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	,,,,	1 YES 2 NO		recent, etc.)	specify: white
		704 T	<u> </u>				
E	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	DECEDENT'S USUAL (Give kind of work do ife. Do NOT use retire	ne during most of working	7 16	b. KIND OF BUSINESS/INDUS	STRY
吕		College (1-4 or 5+)		,		Parameti	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Excav		ED'S NAME /Fi-	Excavation Middle, Meiden Surname)	011
	Charles E. Smi	+ h			ice Le		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR				oriei
5	Tammy Smith		6581 E	dgewood	Rd. Ne	ober, City or Yown, State, Zip Co W Market,	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remova	I from State 20b. PLAC	E AND DATE OF DISE	cel	1	TE 20c. LOCATION — CH	
	4 Donation 5 Other (Specify)			Monocac	y 7/1	7 Beallsv:	ille, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	1	Hilton	s of facility Funera	1 Home	
	10 m C 14	itt				Md. 20838	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate						
	IMMEDIATE CAUSE (Final Only Dra cause on each line.						
	disease or condition	MULTIP DUE TO (OR AS A CONS	LET	FRAUM	A		ACUTE
	u	DUE TO (OR AS A CONS	EQUENCE OF);	179			
Z	Sequentially list conditions, b						
ERTIFICATION	if any, leading to immediate	OUE TO (OR AS A CONS	EQUENCE OF):				
2	CAUSE (Disease or Injury						
Ë	that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	EQUENCE OF):				
CER	d						
	PART II. Other significent conditions of	ontributing to deeth but not	t resulting In the	undarlying cause gi	iven in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
						70,120 20,110	OF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	161		26. PLACE OF DE	ATH (Check only o	ne)	
SIC		OSPITAL:	3 DOA 4 DI	ER: Nursing Home 5 D Res	Idence & C Oth	er (Snecific)	
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		SCRIBE HOW INJURY OCCU	RED
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 7 12 93	1700M	WORK2	NO CR	UCHEN CH	EST BERCHT
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - At I	home, lerm, street,	factory, office	281, LO	CATION (Street and Number or	
臣	4 Homicide determined	building, etc. (Specify)	#10 1	TAR WI	City	or Town, State)	
E	29a. CERTIFIER	N: To the heat of my knowledge	double possessed at the				
COMPLETED		N: To the best of my knowledge, α On the beste of examination and/o					
	290. SIGNATURE AND TITLE OF CERTIFIER						
BE	THE OF CERTIFIER	0/11/1	1/1	-	NSE NUMBER	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C		un	100	7099	1	12193

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or then traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND / DEPARTMENT				MENTAL	HYGIENE
	CERTIFICATE	. 0	F DEAT	TH		REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	7/14/93 _{AR}	3. TIME OF DEATH
	I	Katherine I	rene Shug	gars	MONTH D	T'3	11: 15km
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	e pipo	THPLACE (State or Foreign
	213-56-7208	1 M 2 K F		ONTHE DAYS HOURS MIN.	(Month, Day, Year) Nov. 17, 1	Cour	Maryland
	90. FACILITY NAME (If not institution, give						rarytand
m		Allen Carriers,		b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	
<u> 5</u>		emorial Hosp	ital	Frederic	K	Fred	erick
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ν	toe CITY	TOWN OR LOCATION			1
<u>=</u>			100. 0111,				10d. INSIDE CITY LIMITS?
		ntgomery		Damascus			1 NES 2 100
Z .	10a. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	27616 Ridge	Rd.		20872		Ţ	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENOENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. RAG	CE — American Indian, ck, White, elc.
	1 Never Married 2 Merried	FORCES? 1 YES		If yes, specify Cuben, Mexic 1 YES 2 X NO Speci			ck, White, etc.
B	3 X Widowed 4 Divorced			1 120 2 22 110 4,000	.,,.	Spe	White
8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during most of working etired.)			
4	8		Hom	emak er	Owr	home	
S	17. FATHER'S NAME (First, Middle, Last)			40 MOTUEDIO III	AME (First, Middle, Malden		
	C. Claud	Hurley			hel M. Bell		
BE	19e. INFORMANT'S NAME (Type/Print)	nar rey					
유	Brenda J. Vinc			ODRESS (Street and Number or Rural			
		ent	27620	Ridge Rd., Dar			
	20a. METHOD OF DISPOSITION DC Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	b. PLACE AND DATE OF		OATE 20c. LO	CATION — City or 1	fown, State
	4 Donation 5 Other (Specify)	A STATE OF THE STA	Montgome:	ry Meth. 07/	17/93 Da	amascus,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FA	ACILITY		
3	► Olin for	W. J Th		Olin L. Mole			
	22 DART i Enter the discourse	- Louis		26401 Ridge	Rd. Damas	cus, Md	20872
	23. PART i. Enter the diseases, or shock, or heart fellure.	List only one cause on	each line.	enter the mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)						Onset and Death
	disease or condition resulting in death)	· Calion	acoton	Dreat Devember &			
		DUE TO (OR AS	ONSEQUENCE OF):		19		
Z		a Atherosia	whi Go	Digramate B	rece		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	V				
正	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):				
F	resulting in death) LAST	a .					
		-					
DICAL	PART II. Other significant condition	ns contributing to death	but not resulting in	ha underlying cause given in	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS
S	Diabet Men				1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	Benjohanh J	Anne Pi	12-1				OF DEATH?
-	old Centra	Tile.				i	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	They was		26. PLACE OF DEATH (C)	peck only one!		
\overline{S}	EXAMINER?	HOSPITAL:		THER:			
Σ	1 YES 2 YOU 27. MANNER OF DEATH	1 Department 2 ER/Out		□ Nursing Home 5 □ Residence			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	WORK?	28d. OEŞCRIBE HOW II	IJURY OCCUREO	
B	2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stre	el, fectory, office	281. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,
E	4 Homicide determined				0.17 0.17.11.11.11.11.11.11.11.11.11.11.11.11.		
7	290. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	viedge, death occurred i	it the lime, date end place, end due	to the enure/o) and man		
COMPLETED				n my opinion, death occured at the			a) and manner as stated
8						A GUE TO THE CHURC	e, end mander as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	" L	0_	29c. LICENSE NUI			D (Month, Day, Year)
	Carren .	. ,		10-18	191	► 7-12	K-92
0 1							' > 1
2	30. NAME AND ADORESS OF PERSON WH	O COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type, Pri				
10		O COMPLETEO CAUSE OF D			a. Freshin		
01		32. BEGISTRAR'S SIGI	. 187 T		a. Freshi		

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,•	FOR		STATE OF B	IADVI A	ND / D	EDAD	TRACENT OF	LUCALTI	AND M		9	3 2	2401	0
	1 - STATE REGISTRAR		SIAIL OF I	IANTLA	CEF	RTIF	CATE	F DEA	TH	ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (FIRST	JIA	Scamih	orn		2	WiN.	DELI	- 1	MONTH DEATH DEATH DEATH DEATH DEATH	5, 1	YEAR 993	3. TIME OF DEA	TH A
	4. SOCIAL SECURITY NUMBER 400-20-7926		5. SEX		yrs. last bi	rthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTNI Country	PLACE (State or F	oreign
	9a. FACILITY NAME (If not in			71		Tho.	9b. CITY, TOV	W OR LOCAT	ION OF DEAT	12-02-19	Y	Kent		
DIRECTOR	SOUTHERA RESIDENCE OF DEC	U MAR	YLANDI	tosi	oita	1	CLIA	utor	MA	RYLAND			GiORG	38)
IRE(10a. STATE	10b. COUNTY			1	10c. CITY, TOWN OR LOCATION				10d. INSIDE CIT	Y			
	Maryland 100. STREET AND NUMBER	Chai	cles			Waldorf 101. ZIP CODE				_		1 X YES 2	NO	
FUNERAL	Box 89 Veri		ad					206			1	ZEN OF W USA	HAT COUNTRY?	
N D	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN I	U.S. ARME	D		DECENDENT	OF NISPANIC	ORIGIN? (Specify Yes		14. RACE	— American Ind	len,
B≺	1 Never Married 2 3 Widowed 4 Divo	orced	IF YES, GIVE W	AR OR DAT	ES NO			, specify Cub YES 2 NO		Puarto Rican, atc.)		Specify	White, atc. White	
TE	(Specify only	Y highest grade of	completed)		(Give i	DENT'S kind of w	USUAL OCCUP ork done during retired.)	ATION most of work	ing	16b. KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5 -	,	_	reta				US Gov	ærnm	ent		
	17. FATHER'S NAME (First, M. Lonnie Scar									(First, Middle, Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (7				T 401 14	1411 1010	1000000 (0)			regory				
2	Robert Lon		11				Nast]			te Number, City or Tow	n, State, Zip 20623	Code)		
	20a. METHOD OF DISPOSITE	ION		20b. P	LACEAND	DATEO	FDISPOSITION	(Name of	iet cell		CATION —	City or Tov	vn, Stata	
	4 Donation 5 Other	(Specify)		. cemel	ery, cremat	Lee	er place) Crema			6-93 Cli	nton	, MD	20735	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0173 22. NAME AND ADDRESS OF FACILITY J. H. Eberwein Mortuary														
	Kunt	4 Clr	merca				443	33 Whi	te P1	. La. Whi	te Pi	lains	s, MD 2	0695
	23. PARO i. Enter the di shock, or h	iseasea, or co aart failura. L	omplications the	caused to	the deeth th iina.	. Do n	ot enter the	moda of dy	ing, auch a	a cerdiac or reapi	ratory erro	est,	Approxim	ata
	IMMEDIATE CAUSE (Findisease or condition resulting in death)	nal →	Sy	2h		£	hor	10	4				Onset and	d Death
_		_	DIE TO	OR AS A C	ONSEQUE	NCE OF):	4						
CERTIFICATION	Sequantially list conditi if any, leading to immed	diate	S DICE TO	OR AS A C	ONSEQUE	NCE OF		m	-				-	
S	cause. Enter UNDERLYI CAUSE (Diseese or Inju)ne	OR AS A C	60	h	< '	da	do	363				
Ē	that initiated events resulting in death) LAS	т 📗		100	LIST	ر الم		1						
-	PART II Other similies	nt conditions							ma	`			_	
MEDICAL	PART II. Other significa	Int conditione	contributing to	deeth but	not resu	ulting in	the underly	/ing cause	given in Pa	rt i. 24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY F AVAILABLE PRIOR	TO
	2214	500	JIC S	4	Pa	ni	11 50	7 1	1.	1 YES 2	No	- I	OF DEATH?	
2		1110				rui	7	a,	are.	neci			1 YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	-	NOSPITAL:					PLACE OF D	EATH (Check	only one)				
IXSI	1 YES 2 NO		1 Inpatiant 2		_	DOA			esidence 6	Other (Specify)				
	1 Netural 5 🗆	Pending	28a. OATE OF (Month, Da		26	8b. TIME INJU	RY	INJURY AT WORK?	_	Bd. OEŞCRIBE HOW II	NJURY OCC	URED		
D BY	2 Culaida	Could not be	28e. PLACE Of	INJURY —	At home,	farm, st				St. LOCATION (Street a	nd Number	or Rural Ro	oute Number,	
ETE	4 Homicide	determined	Dullding,	нс. (эрвспу	,					City or Town, State)				
COMPLETED										the cause(a) and man			and manner as a	tated.
BEC	29b. SIGNATURE AND TITLE	OF CENTIFIER	1		,			29c. LIC	ENSE NUMBE	R	29d. DATE	SIGNED!	Month Own Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OE DEAS	M		P-2-41	12	1200	824	8	13	193	,
	Grann	()a	ucisa		943	J (type,	Penn	1-A.	ve.	#18	11,	ne	R	
	AUG 06	' 93	32. REGISTRA	Devidse		pless		Md	R/b	ORD, K	n	2	0172	_
			1.5											

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending phys	I in by the funeral director, page 5 should be detached for use as the burity removal.	nedical examiner must be notified at once.	
DIVISION OF VILAR RECORDS, F.O. BOX 68760,	TO THE HIGGSTAN, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FIGHT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans the manner of hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT, If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND DEATH	MENTAL HYGIEN	E	3 2	4011.
1	1. DECEDENT'S NAME (First, Middle, Last) Helen		Schneider		.	2. DATE OF DEATH DON'TH D	AY 1	ZEAR 3. TI	ME OF DEATH
į.						AUGUST 1	199		2:00 P M
	214-14-6579	1 □ M 2 💢 🗲 8	2 YRS.	IONTHS DAYS	IF UNDER 24 HRS.	May 5, 19		Country)	(State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give stree 102 Spruce Lane RESIDENCE OF DECEMENT	Peet and number) 9b. CITY, TOWN OR LOCATION ANNAPOLIC				33.000			ındel
3EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	N			10d.	INSIDE CITY
	MD Anne A	undel		Annapoli				1 🗆	YES 2 XX
FUNERAL	1754 Ebling Trai	ip		101, Z	21401		1	N OF WHAT	
<u>N</u>	11. MARITAL STATUS 1	2 WAS DECEDENT EVED IN	U.S. ARMED	13. WAS OECEN	DENT OF HISPAI	NIC ORIGIN? (Specify Yes		ed St	nerican Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	Z LXNQ TES	If yes, speci	fy Cuban, Maxica	n, Puarto Rican, etc.)		Black, White	hite
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade col	rion mpleted) College (1-4 or 5+)	16a. OECEOENT'S US (Give kind of woi life. Do NOT use	rk done durina most i	of working	16b. KIND OF BU	SINESS/INDUS		
MPL	12		Purchas	sing Ager	rt	United	State	s Navi	al Academ
	17. FATHER'S NAME (First, Middle, Last)			1		ME (First, Middle, Maiden			
B	Soloma Mickelber	19	B.118.11.11.11.11.	Transaction in	R	egina Berg			
임	Robert Dietz					Route Number, City or Tow			401
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Nome	of	nnapolis.	CATIONI OIL	7 04	-4-
	Denistion 5 Other (Specify)	A	tery, of emetory or other	National	Cemete	ru 8-4-93	Arlin	aton.	Virginia
9	21. BIGINATURE OF FUNERAL SERVICE LICEN	1 1/		22. NAME AND	ADDRESS OF FA	John M.	Taylo.	r Fune	eral Home
_	THEROUND ST	. Jey Ton		1147 Duk	e of Gl	Loucester S	St. An	napoli	is, MD
	23. PART I. Entar the diseases, or con shock, or haert fallura. Lia	nplications that caused it only one ceuse on as	tha death. Do not ch line.	t antar the mode	of dying, suc	h as cardiac or respi	ratory arree		Approximata intarvai Between
	IMMEDIATE CAUSE (Final disease or condition								
	resulting in death) a. Due TO (or as a consequence of):								
Z	Sequentially list conditions, b.								
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF):						
CERTIFICATION	resulting in death) LAST								
AL C	PART II. Other significent conditions of	Ontributing to deeth bu	t not resulting in	the underlying c	ause given in	Pert I. 24s, WAS AN	ALITOPSV	24h WEBE	AUTOPSY FINDINGS
S	CA	D, arem	ie, D	JD.	ice	PERFOR 1 YES 2	MED?	AVAIL/ COMP	ABLE PRIOR TO LETION OF CAUSE
ME		•		1	0		2010	OF DE	ATH? YES 2 \(\subseteq NO
PHYSICIAN: MEDIC									
Sic.		IOSPITAL:		THEO:	E OF DEATH (Che				
H	27. MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Outpet 26e. DATE OF INJURY	26b. TIME C	Nursing Home 26c. INJUR		6 Other (Specify) 28d, DESCRIBE HOW II	VIURY OCCUR	NFD.	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	RULMI		7 2 🗌 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Opecif	At nome, farm, stre	et, factory, offica		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route No	ımber,
Ē,									
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowle On the besis of examination	dge, death occurred and/or investigation,	at the time, data and in my opinion, deat	d place, and due n occured at the	to the cause(a) and man time, data and place, an	ner as stated. d due to the c	ause(s) and n	nanner as stated,
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	.0.	h. n		D30701	IBER	29d. DATE SI	IGNED (Month	, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Tono D-		V 3 0 7 0 1		► At	igusi	2, 1993
	R. Scott Eden, M.1	D. 600 Rido	gley Aven		Annapo	elis, MD 21	401		
	31. DATE FILED (Month, Day, Year) AUG 0 3 1993	32 REGISTRAR'S SIGNAT	- Acinda M						

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	JID O	in	70	ne
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	"be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic:
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR.	DIRI	NOT	tem
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TO BE COMPLETED BY FILINFRA! DIRECTOR	ICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ate Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
de turiera minerior, page o sironio de peracried for use as the burial-fransit permit 120es 1 2 3 chould	the man and all the mineral and an analysis and a second man and

24012 93

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIE		93	24012
		el EARL	SHORTER			2. DATE OF DEATH	30 9	3. TI	1529 M
	4. SOCIAL SECURITY NUMBER 218-12-3176 9a. FACILITY NAME (If not institution, give	153xM 2 □ F 6	(In yrs. lest birthdey) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 7 1	924	MARY	E (State or Foreign
TOR		UNIVERSITY HOSPITAL BALTIMORE				DEATH	9c. COUNTY	Y OF DEATH	
DIRECTOR	MARYLAND ANN	106. COUNTY 106. CITY, TO AND ANNE ARUNDEL CROW			11. 11.				INSIDE CITY LIMITS? LYES 2 NO
FUNERAL	100. STREET AND NUMBER 998 GENERALS HIG			1	21032			N OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (ZYTYNO	It yee, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 ANO Speci	NIC ORIGIN? (Specify tan, Puerto Rican, etc.) fy:	- 11	Specify: BLACK	
APLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	We. Do NOT us	vork done during rr	ION lost of working	WASHING	GTON SU	SINESS/INDUSTRY TON SUBURBAN Y COMMISSION	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid	on Surname)		
BE	ROBERT SHORTER 19a. INFORMANT'S NAME (Type/Print)		196 MAILING	ADDRESS (Street	JANIE	SMITH Route Number, City or N		-	
10	SARAH SHORTER				HIGHWAY				32
	20a. METHOD OF DISPOSITION 1 知知rial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from Stata 20	b. PLACE AND DATE OF THE CREST	F DISPOSITION (A	RY	8/4/93	OCATION - CITY ANNAPO		
	22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat,						21401		
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that ceuse List only one cause on a	ed the death. Do n	ot enter the m	ode of dying, su	ch as cardiac or rea	piratory srres	₹,	Approximate Interval Between
								Onset and Death	
NO		b. INTRACE			1106				24 HR 1 YEAR
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	er UNDERLYING Desse or Injury C. PANCY TO PENIA						1 YEAR	
CERTIFICATION	resulting in death) LAST	d							
AL.	PART II. Other significent condition	is contributing to deeth i	but not resulting in	n the underlylr	ng ceuse given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	AWAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
PHYSICIAN: MEDIC						_ '		1 🗆	YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (C)	neck only one)			
YSI	1 YES 2 ND	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 - Nursing Ho	ne 5 🗆 Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	iED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, a polity)	treet, factory, offi	ce .	28t. LOCATION (Stree City or Town, Stat		Rural Route A	łumber,
COMPLETED		ICIAN: To the best of my know ER: On the beals of exemination						ause(a) and	manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	А			29c. LICENSE NU		29d. DATE SI	IGNED (Mont	h, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED OF			0386				1983
	31. DATE FILED (Month, Dey, Year) AUG 0 5 1993	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	22 500000				3450
	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SIGN	NATURE	CAMEER	LL SOFAG	TEEME ST. B.	TLTIMERE	,00	(120/
	AUG 0 5 1993	Juha Naundsor-	-Mindell						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, and partenning Principal in law requires that the death certificate be executed within 24

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumati	

la .						93	21.012		
	1 - FOR STATE OF MARYLAND / CI	DEPARTM ERTIFICA			IENTAL HYGIEN REG. NO.		24013		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	W Y	3. TIME OF DEATH		
	Catherine Wihlemina Stahlhu				Aug. 7,	1993	3:33 P.M.		
1	4. SOCIAL SECURITY NUMBER 213-74-8870 5. SEX 1 □ M 2 ★ ▼ 93	YRS. MON			7. DATE OF BIRTH (Month, Day, Year) May 28,1	900	BIRTHPLACE (State or Foreign Country) Maryland		
	9a. FACILITY NAME (If not institution, give street and number)	9b.		R LOCATION OF DEA	хтн	9c. COUNTY			
5	Hodgman Home		Dent	on		Car	coline		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Talbot		wn or locati	ON			10d. INSIDE CITY LIMITS? YYYES 2 NO		
	10e. STREET AND NUMBER	1 20	-	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
EB	960 Earl Avenue			21601			U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		If yes, spe	ENDENT OF HISPANI city Cuban, Maxican 2 NO Specify:		or No- 14	RACE — American Indian, Black, White, etc. Specify:		
	XX	ECEDENT'S USU	AL OCCUPATIO	N .	16b, KIND OF BU	SINESS/IND/19	White		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of work on Do NOT use ret	done during mos ired.)	at of worlding	W 00 0635	ital	(In)		
OM	17. FATHER'S NAME (First, Middle, Last)	Nurse		16. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)			
	Nicholas Samuel Callahan			Anna	Wihlemi	na Ga	annon		
) BE		b. MAILING ADD	DRESS (Street a		oute Number, City or Tow				
2	Mrs. Joan S. Good 3	04 Ca	lvert	Road, S	tevensvi	lle,	Md. 21666		
		AND DATE OF				CATION — CIT	y or Town, Stata		
	4 Donation 5 Other (Specify) WOOD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE,	llawn		ial 8/		astor	n. Md.		
	21. SIGNAL DRE, OF PUNEMAL SERVICE LICENSEE,					eral	Homes, P.A.		
- 3	fromas K. Helfenter		106	Shamroc	k ROad.	Chest	er. Md.		
	23. PART I. Enter the diseases, or complications that caused the disease, or heart failure. Liat/only one cause on each line immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSE	0.	4	ORT I	FAILU	RE	Interval Between Oneet and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (QR AS A CONSEQUENCE OF): DUE TO (QR AS A CONSEQUENCE OF): DUE TO (QR AS A CONSEQUENCE OF): DUE TO (QR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not	reaulting in the	T (C	g cause given in	Part I. 24a. WAS AM PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	o	26. PL THER:	ACE OF DEATH (Che	eck only one)				
YSI	1 Pres 2 NO 1 Impetient 2 ER/Outpetient	3 DOA 4	☐ Nursing Hom		8 Other (Specify)				
	27. MANNER OF DEATH 1 Vatural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Wo	RK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
BY	Accident Investigation	ome farm street		rES 2 NO	281, LOCATION (Street	and Number o	Bural Bouta Number		
9	3 Suicide a Could not be determined 25s. PLACE OF INJUST — At n building, etc. (Specify)		n, rectory, critic		City or Town, State		THOUGH THOUSANDON,		
E	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath coursed a	t the time date	and place and due	to the exercise and me				
COMPLETED	(Check only one) MEDICAL EXAMINER: On the basis of examination and/or								
BE C	CONTRACTOR OF CERTIFIER MA DON	A-N	1.F	25c. LICENSE NUM	BER L	29d. DATE	SICHED (Morth, Day, Year)		
2	DE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITT	EMAT) (Type, Pris	70	VITAL I	MD 21	676	1/13		
	31. DATE FILED (Month, Day, Year) AUG 1 1 1993 AUG 1 1 1993	010	DEI	4/014 1	VIO Z.	62/			

e o may be retained by the hospital of attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		must be notified at once.
S arrer nearn.	by the funera	removal.	, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
24 HOUR	filled in	ion, or r	the me
2 WILLIAM	mpletely	, cremat	event, 1
execute	and co	to burial	matic
care be	physiciar	e prior	er trau
III Certit	tending	al Hygier	or oth
the dea	y the at	nd Menta	Injury,
lires that	signed b	lealth at	ws any
law requ	has been signed b	ept. of !	23 sho
IN: The	ficate ha	ath with the State Dept. of Health and	Item .
G PHYSICIA	his certi	with the	ked, or
2	DR: After this	within 72 hours after death with the	Is marked.
HOSSIAL, OR ATTEND	TUNERAL DIRECTOR: Af	urs after	₩ 28
0	HAL DI	172 hou	TANT: It Item 28
HCS	W.	within	TANT

31. DATE FILED (Month, Day, Year)

JUN 1 0 1993

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	FOR	ç	TATE OF M	ARYLAND /	NEPAR	TMENT	L UE H	FAITH	AND N	AFNTAI	HAGIENI		93	2 21.011	
	1 - STATE REGISTRAR		INIE OF IN					DEAT		ILITIAL	REG. NO.	•	20	2401	H
	1. DECEDENT'S NAME (First, Midd	lle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH	7
	William	1	lannaa		C i	ahow				MONTH	DA O		PAR	7:30 A. M	
	4. SOCIAL SECURITY NUMBER	5, 5	ionroe	6. AGE (In yrs. last		sher		IF UNDER		7. DATE 0	8		93		4
- 9						MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country,	Cal.	1
- 2	700-12-4340	1 12	XM 2 □ F	74	YRS.					1 - 3	-1919	9	105	Angeles:	
	9a. FACILITY NAME (If not institution	on, give street e	nd number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DE	ATH	1
H	402 Cas	tle M	Marina	Rd.		Che	ste	r Mo	. F			Quee	n A	nne	
DIRECTOR	RESIDENCE OF DECEDE											200			
Ä	10a. STATE 10b.	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	1
5	Q b _M	ueen	Anne		Che	este	r							1 YES & NO	ı
	10e. STREET AND NUMBER							ZIP CODE				10g. CITIZ	ZEN OF WI	HAT COUNTRY?	1
FUNERAL	402 Cas	+10 N		D.J			2	1619				Half Color			1
W													JSA		4
5	11. MARITAL STATUS 1 Never Merried 2 Merri	12.	WAS DECEDENT FORCES? 1	PEVER IN U.S. ARI YES 2 □ N AR OR DATES	MED					IC ORIGIN? n, Puerto Ri	(Specify Yea	or No—	Black,	- American Indien, White, etc.	١
ВУ	3 Widowed 4 Divorced			AR OR DATES		- 1	1 TYES	2 NO	Specify.	:			Specify	White	
			VII									l			4
Ш	15, DECEDEN (Specify only high	IT'S EDUCATIO		16a. DE(CEDENT'S	USUAL O	CCUPATIO during mos	N et of worldny	σ	16b.	KIND OF BUS	SINESS/IND	USTRY		1
m	Elementary/Secondary (0-12)	Co	llege (1-4 or 5 +) life.	Do NOT u	se retired.)	-7-77			Ι,	1.0			2	
P	12 th			Gen	era.	L Co	ntr	acto	or	1 2	Self	Emb1	oye	a	
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)						18. MOTH	IER'S NAI	ME (First, M	iddle, Maiden	Surname)			1
	William	M. S	wishe	r				Eth	nel	Todt					
BE	19e. INFORMANT'S NAME (Type/Pr					ADDRES:	C (Chr. et a.				w, City or Tow	- Carto Tin	Code		-
2	THE RESERVE TO THE PARTY OF THE														
	Helen F	rance	s Swi	sher	402	Cas	tle	Mar	rine	Rd	_Che	ster	- M	d. 21619 vm, State	_
	20s. METHOD OF DISPOSITION 1: Burlel 2 Typermellon 3	☐ Removal	from State	of comptany	cramaton	ar other	n/acol								
	4 Donation 3. Other (Spec	clfy)		Metr	o Ci	cema	tor	v.Ir	nc.	16/9	Bal	to.	Md.	21229	Ì
	21. SIGNATURE OF FUNERAL SEP	RVICE LICENSI	EE/ A	0				D ADDRES							
	17/	11 d	1 . /	11.							Fune				
	uromas	K-1-74	affen	tren										d. 21619	
	23. PART I. Enter the disees shock, or heart	ses, or comp	olications that	ceused the de	ath. Do	not enter	the mo	de of dyl	ng, such	h es cardi	sc or reep	iratory err	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel					-	2							Onset and Death	1
	disease or condition		Cal	1112		1	1.								
	recuiting in death)	8	DUE TO	(OR AS A CONSEC	OLIENCE O	Ø	140	9						1	_
			/ j.	(OII AS A CONSEC	/	v. y.			1					i	
N	Sequentially list conditions,	b	(71	OUIC	04	37/	colle	e 1	- 44	5 1)	15045	7			
ERTIFICATION	If sny, leeding to immediate		DUE 10	(OR AS A CONSEC	JUENCE C	F):								1	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	< c_									-				
<u>=</u>	that initiated events		DUE TO	(OR AS A CONSEC	DUENCE C	F):									
E	resulting in deeth) LAST	d													
ö	l 														_
AL	PART II. Other significent co	Dnditione co	intributing to	desth but not r	esulting	In the u	nderlying	g cause g	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
Š									_	_	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Щ														1 YES 2 NO	
2										_					
Z	25. WAS CASE REFERRED TO ME	TOLOGO I													_
ਹ	EXAMINER?		OSPITAL:			OTHE		JACE OF D	EATH (CR	eck only one)				-
PHYSICIAN: MEDICAL	1 YES 2 NO	1	Inpatient 2	ER/Outpatient 3	DOA	4 🗆 Nu	raing Hom	e 5 🗆 Re	esidence	8 🗆 Other	(Specify)				
H	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TH	ME OF	28c. INJ	URY AT		28d. DEŞ	CRIBE HOW	INJURY OC	CURED		
ВУБ	1 Natural 5 Pend	fing stigation	,	, se-7		M		YES 2	□ NO						
	a Davida			F INJURY - AI ho	me, farm,	atreet, fac	ctory, offic	•		28f. LOCA	TION (Street	end Number	or Rural R	loute Number,	-
0		mined	building,	etc. (Specify)						City o	or Town, State,)			
ш	200 CENTIFIED			•								_			-
	290, CERTIFIER	NG PHYSICIAN	: To the best of	my knowledge, de	ath occur	red at the	lime, date	end place	, and due	to the cau	se(e) and ma	nner as sta	led.		
<u>_</u>	CORROR ORBY									1.0	Carlotte and Carlotte	and the state of t			
OMP	(Critical Unity	EXAMINER: O	n the basie of e	xamination end/or	Investigat	on, in my	opinion, d	leath occur	red at the	time, date	end place, at	nd due lo il	ne cause(s) end menner as stated.	
COMPLET	(Critical Unity		n the basie of e	xamination end/or	investigati	on, in my	opinion, d		red at the ENSE NUI		end place, a) end menner as stated. (Month, Day, Year)	
TO BE COMP	one) 2 MEDICAL		n the basic of e	xamination end/or	investigati	on, in my	opinion, d				end piece, a				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HUSBITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Thurs afti	ments mid-from a secure only and force has been signed by the attending plantician and completely filled in by
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JUN 28 1993

white trainer Rudoll

		FOR STATE REGISTRAR	STATE OF			RTMENT O			MENTAL HYGIEN REG. NO		93	24015	
		1. DECEDENT'S NAME (First, Middle, Last) Viola Sally Su	mmers						June 25	A, 19	3. 993 ⁿ	1:25 P M	
13	W.	4. SOCIAL SECURITY NUMBER 218 - 03 - 0457	5. SEX 1 M 2 X F	6. AGE (In yrs. 87		MONTHS DA	AR IF UNC	B MIN.	7. DATE OF BIRTH (Month, Day, Year) UNE I,	1906		ACE (State or Foreign yland	
3 should		9a. FACILITY NAME (If not institution, give s Meridian Nursing	treet and number)			9b. CITY, TO	WN OR LOCA	ATION OF DE	EATH	9c. COU	NTY OF DEAT	Н	
1, 2, 3	CTOR	Corsica Hills RESIDENCE OF DECEDENT	,			Cent	revil	1e		Qı	ieen A	nne's	
Pages .	DIREC	Maryland Que	en Anne'	s	10c. CIT	Try, town or location Centreville 10d. inside city Limits? 1 \square yes 2 \boxtimes N						LIMITS?	
n. Insit perm	FUNERAL	R.D. 3, Box 113	A1				101. ZIP CC 216				Jnited	T COUNTRY? States	
:03-3146 attending physician. ise as the burial-transit permi	B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	ARMED	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Maxican, Puarto Rican, etc.) □ YES 2▼□ NO Specify:					a or No- 14. RACE — American Indian, Black, White, etc. Specify: White				
2 9 2	ETED	15. DECEDENT'S EDU (Specify only highest grede Elamentary/Secondary (0-12)			DECEDENT'S (Give kind of life. Do NOT u		PATION ng most of wo	rking	16b. KIND OF BUSINESS/INDUSTRY				
	COMPL	7			Wife					Home			
₹ 8 € €	BE CO	17. FATHER'S NAME (First, Middle, Last) James Elmer Jo			L	ucy	Viola Pie	iola Pierson					
2 5 5	2												21617
		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	othe	er place)	eld Cei			6/28 Cen		City or Town,		
ALT death. e funeral. exami		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Morris T. Barton 22. NAME AND ADDRESS OF FACILITY Barton Funeral Home P.O. Box 222, Centreville, Mary								21617			
or remore		23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition				not antar the						Approximata Interval Between Onset and Death	
46, ed within completel al, crema event,		resulting in death)	S. OUE TO	O (OR AS A COM	NSEQUENCE C	DF):	~ _					5 000	
be ex cian a jor to raum	ATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING											
m E E E	ERTIFICATION	CAUSE (Disease or injury that initiated evanta resulting in death) LAST	C. DUE TO	O (OR AS A CON	NSEOUENCE C	DF):							
AL RECORDS, P.O. he law requires that the death certific has been signed by the attending to Eppt. of Health and Mental Hygler 23 shows any Injury, or oth	MEDICAL CE	PART II. Other significant condition	ns contributing to	o daath but n	ot resulting	in tha unda	rlying caus	se given in		RMED?	AL CC	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE F OEATH? YES 2 NO	
23 e s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHER:	28. PLACE O	F OEATH (C)	neck only one)				
	IXSI	1 TYES 2 NO 27. MANNER OF CEATH	1 Inputiant 2		of 3 DOA	4 Nursing	Home 5 C		8 Other (Specify) 284. DESCRIBE HOW	INJURY OC	CURED		
	ВУ РНУ	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN	JURY M	WORK?						
ISIO TTEND TOR: A after d	ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town. State)									te Number,		
	COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN							to the cause(a) and mo			nd manner as stated.	
IN THE HIGGIFAN TO THE MINERAL De filed within 72	O BE C	1961 BIGNATURE AND TITLE OF CERTIFIE	Q Am	200	fr	7		LICENSE NU	MBER 4 J	29d. DA	E SIGNED (M	fonth, Day, Year)	
	ĭ	John R. Smith, J	Tr., M.D.		Dr. C.	ille,	Maryl	and	21617				

Approximete Interval Between

Onset end Desth

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. I	

	1. OECEDENT'S NAME (First	Middle, Lest)	Smith				J				MONTH DAY WEAR			3. TIME OF OEATH 3:10 P				
	4. SOCIAL SECURITY NUMBER 217-30-8030		5. SEX	6. AGE ((In yrs. last bir 1		F UNDER	1 YEAR DAYS	#F UNDE	R 24 HRS.		of Birth	1902	Count	PLACE (State or Foreign 1) 1and			
TOR	9a. FACILITY NAME (# not in Meridian N Corsica Hi	ursing IIs	Center,			9			evil	le le	EATH			en Ai	nne's			
DIRECTOR	10s. STATE Maryland	10b. COUNTY	Anne's Queenstown							10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL	Rt. 1, Box							101	21658	8					States			
BY	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive	SHI'S IN THE	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	D	1	yes, sp	ecify Cub		in, Puerto I	I? (Specify Yei Ricen, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. White			
LETED		EDENT'S EDUC ly highest grade 0-12)		+)	16a. DECET	idnd of wor	k done o retired.)	furing mo	ON st of work	ing		ivate			STRY			
E COMPL	17. FATHER'S NAME (First, A Charles Her		th		Trace	, icai	Nu	130	100	THER'S NA	AME (First, I	Middle, Melden Sparl	Surname)					
TO B	Charles S.											ber, City or Tow CeVille			and 21617			
	20e. METHOD OF DISPOSIT 1 String Buriel 2 Cremetic 4 Donetion 5 Other	b. PLACE AN cemetary, cre nester	o oate o	other a	osition lace) emet	(Name		8/3	-			Maryland						
	21. SIGNATURE OF FUNERAL MOTT	is T.	Barton Buton	1			Ва	rto	n Fu		.1 Ho		1e,	Mary	land 21617			
	23. PART I. Enter the c shock, or f IMMEDIATE CAUSE (FI disease or condition resulting in death)	eert fellure.	Liat Only one ce	use on e		C				ying, suc		diec or reep	Iratory a	rreet,	Approximete Interval Betwee Onset end Des			
CERTIFICATION	Sequentially list conditions, leading to immercause. Enter UNDERLY CAUSE (Disease or injected initiated events resulting in death) LAS	odiate /ING ury	C		A CONSEQUE													
MEDICAL CE	PART II. Other signific	ant condition	s contributing to	death I	but not res	uiting in	the ur	iderlyln	g cause	given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		dallo:	8	отне	₹:		5-22-	heck only o							
PHY		Pending Investigation	26a. DATE O		1	tent 3 DOA 4 Nursing Home 5 Residence 8 Dther (Specify) 28b. TIME OF NJURY AT WORK? 1 YES 2 NO 28d. OE\$CRIBE HOW INJURY OCCURED					CCURED							
ETED BY	a Devisite	Could not be determined		OF INJUR	Y — At home ecify)	e, farm, str	eet, fac	tory, offic	ce			CATION (Street or Town, State		er or Rural	Floute Number,			
COMPLE	one)		CIAN: To the best of												(a) and manner as stated			
BEC	296. SIGNATURE AND TITL	# OF CERTIFIE	" Am	a	×	n	7		2111	CENSE NU		_		7 - S	(Month, Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DILATH (DAM 27) (Type, Print)

John R. Smith, Jr., M.D.,

31. DATE FILED (MORITY, OB), Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

21617

Centreville, Maryland

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BOX 68760,	TABLE JABLE
BOX	Banks ha
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FOF VITAL RECORDS,	
VITAL F	Sant Prairie
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	And a second

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicia	ed in by the funeral director, page 5 should be detached for use as the burial-tr	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTACHING PAYSICIANS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FLANE HALL CHRETTER And THE LOOKE READ BEEN SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	be the within 72 hours the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT. Il Item 28 immediate or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
_	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	

93 24017

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	RUTH E SNYDER 08 05 93 05 93												YEAR 1800 P M		
	4. SOCIAL SECURITY NUMBE	5. SEX	. SEX 6. AGE (In yrs. I			UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH				LACE (State or Foreign		
	213 64 927!	1 M 2 KF		YRS.	MONTHS	DAYS	HOURS	MIN.	07 07 09		Country)		Md.		
	9e. FACILITY NAME (If not inst			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNTY OF DEATH					
DIRECTOR	FROSTBURG HOSPITAL					FROSTBURG ALLEGAN							YY		
5	RESIDENCE OF DECE		T 40 .00												
	Md.			Y, TOWN		TION						IOd. INSIDE CITY			
	10o. STREET AND NUMBER		Eckhart 101, ZIP CODE 100.							1 YES 2 NO					
8	Piney Mou						528	1.7			S.A.				
FUNERAL	11. MARITAL STATUS	T EVED IN II C A	N U.S. ARMED 13. WA												
	1 Never Married 2 Merried FORCES? 1 YES				NO		II yes, sp	ecify Cubi	ın, Mexica	n, Puerto Ricen, etc.)			Black,	- American Indian, White, atc.	
B	3 Widowed 4 Divorc	IAN UN DATES			1 YES	2 NO	Specify	<i>/</i> :		Specify: White					
	15. DECE (Specify only		16s. DECEDENT'S USUAL OCCUPATION					16b. KIND	OF BUSIN	_	WILL GO				
<u> </u>	Elementary/Secondary (0-1	·) #	(Give kind of work done during most of working life. Do NOT use retired.)												
<u> </u>	12	1	Homemaker					Own Home							
COMPLETED	17. FATHER'S NAME (First, Mid							ME (First, Middle, Meiden Surneme)							
BE	Robert H		right		Anna S. I						Kimberly				
0	19a, INFORMANT'S NAME (Typ	S (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Robert L.	- 4			212	Dav	id D	rive	, Во	onsboro	, Md	. 21	713		
	20a METHOD OF DISPOSITION 1 Description	ON 3 □ Remo	ovat from State	20b. PLACE cernatery, c	E AND DATE	OF DISPOS	SITION (N	ame of			n, State				
-3	4 Donation 6 Other (S	Eck	nart			_	_	8/8 Eckhart, Md.							
	1 1 .	1		22. NAME AND ADDRESS OF FACILITY						4.71	32				
	John		Durst Funeral Home, Frostburg, Md.								Md.				
HILICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											Onset and Death			
뜅														1	
MEDICAL	PART II. Other significent	eeth but not	not resulting in the underlying cause given in					DEDECORMECO?			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO				
ž															
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
2	1 VES 2 NO		-	ER/Outpatient	_	4 🗆 Nur	sing Nor	-	eldence	6 Other (Spec					
2 2	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO														
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number or											rte Number,			
COMPLEIED	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as attack.														
3	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.												and manner as stated.		
	296. SIGNATURE AND TITLE O		29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, De						Aonth, Day, Year)						
2	10		D21244 8/7153												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	DR. SATURNINA T. CHANG, FROSTBURG PLAZA, FROSTBURG, MD. 21532														
	AUG 0	1993	Jalie	H'S SIGNATURE	mene										

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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60,	IS ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	The attending of this certificate has been signed by the attending physician and completely f
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ICIAN:	certifica
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		■ CIADVC RIITH CMTTH MONTH DAY YEAR												3. TIME OF DEATH		
		4. SOCIAL SECURITY NUM		6 ACE //-				-			7	31	1	993	2:00 P	
		220-44-4972		5. SEX 6. AGE (In yrs. Ia:				UNDER 1 Y			MIN.	7. DATE OF BIRTN (Month, Day, Year)		[Country)		PLACE (State or Foreign y)
pino		9e. FACILITY NAME (If not in			24				D I OCAT	011 05 01		10–18		VA		
3 should	DIRECTOR	MEMORIAL HO					96. CITY, TOWN OR LOCATION OF CUMBERLAND								LLEG	
1, 2,		RESIDENCE OF DEC	CEDENT				COMBERLAND							- 12		
Sage		10e. STATE	10b. COUNT		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?				
mit. P		MD		legany			Cun	nber	_							1 YES 2 NO
je je	FUNERAL	10e. STREET AND NUMBER							101.	ZIP COD						HAT COUNTRY?
-trans	ᄬ	34 Virgi	nia Av	enue 12. WAS DECEDER	NT EVED IN	II C ADM	ED.	40 1400	0.000	215		IIC ORIGIN?			SA	
buria		1 Never Merried 2		FORCES?	1 YES	2 X NO		It ye	18, spe	cify Cubi	n, Maxica Specifi	n, Puerto Ric	an, etc.)	or No —	Black	- Americen Indian, , White, etc.
s the	ВУ	3 Widowed 4 Dive	II TES, GIVE HARI ON OATES						∡ (Muo	Specin			Specify: whit		white	
use a	윤	15, DEC (Specify onl	15. DECEDENT'S EOUCATION (Specify only highest grade completed)					AL OCCU	JPATIO	N st of world	na	16b, KIND OF BUSINESS/INDUSTRY				
D D	: I 👅 I	Elementary/Secondary (6	College (1-4 or 5+)			Do NOT use retired.)					own home					
detache		unknown 17. FATNER'S NAME (First, M				homemaker			16. MOTNER'S NAME (First, Middle, Melden							
at of			Catron	on					16. MOT		ME (FIRSI, MID CV SM:					
5 should notified		19e. INFORMANT'S NAME (1		Cacaon		19b. I	MAILING ADD	RESS (S	treet ar	nd Numbe		4		State Zin	Code	
In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, removal.	유	Mrs. Naor	mi Oli	ver			Cumbe							, oraro, esp	0000)	
, page		20e. METHOD OF DISPOSIT 1 ◯XBurlel 2 □ Cremetic	D DATE OF DI	SPOSITIO	SPOSITION (Name of OATE 20c. LOCATION — City or Town, State						wn, State					
rector, p		4 Donation 5 Other	alsto	on Vie	n View Cemetery 8-3						-3 Gate City, VA					
e funeral di al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home														
al.		Jane	20 7	2 NCO	up	W	(5	Cai 5 ml	rpel	ll F	unera.	L Hom	е		
d in by the or removal medical		23. PART . Enter the diseases, or complications that ceided the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feliure. Liet only one cause on each line. Approximate interval Between														
D 0 E		IMMEDIATE CAUSE (Fir														Onset and Deat
matio rt, th		disease or condition	\rightarrow	/	A CU 76	F 1.	SPIAN	7700	J	BA	GUL	ONTA	4			
al, cre				DUE TO	OR AS A	CONSEQUI	ENCE OF):									
the attending physician and completely fille Mental Hygiene prior to burial, cremation, njury, or other traumatic event, the	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING														
sician vior t																
g phy iene p	Ĕ	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):														
l Hyg	5	resulting in death) LAST														
Menta Menta		PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIN												WERE ALTOROV CHIRDWAN		
signed by the att Health and Mental Ows any Injury,	MEDICAL			and an ex-	o dilaci	i, iii g	00000	given in	PERFORMED?			240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
signer Health											□ -NO	OF DEATN?				
t. of	≥ :											_				1 TES 2 HNO
e has te Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
tificat e Stal	Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpet	tient 3 🗆		HER: Nursing	Nome	5 🗆 R	sidence	6 Other (S	Specify)			
After this certificate has been signated with the State Dept. of His marked, or Item 23 show	됩	27. MANNER OF CEATN 28a. DATE OF INJURY (Morith: Day, Year) (Morith: Day, Year) 28b. TIME OF 18J. UISTY 28c. INJURY AT 28d. CESCRIBE HOW INJURY OCCURED										UREO				
ter th	À	1 Natural 5 2 Accident		M 1 TES 2 NO												
after di 28 ls	8	3 Suicide 6 Homicide	At home (y)	e, term, street, tectory, office					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
DIRECTOR: After hours after death flem 28 is ma		Ma CENTERO (
22 = 22 = 2	MPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.														
MATERIAL	COM				xamination	end/or Invi	eatigation, in	my opini	on, de	mth occui	red at the	time, date en	d place, end	due to the	ceuse(e)	and menner ea stated,
PORT	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	\$730	del						ENSE NUM			29d. OATE	SIGNED	(Month, Day, Year)
# a ≥	2	30. NAME AND ADDRESS OF	F PERSON WAS	COMPLETED CALL	SE OF OFF	TN /ITCN ^	70 (See - Co.)		_	D 2	23334	+	177		8/4	93
		DINESH SHAH							2.1	556						
		31. DATE FILEO (Month, Day,		32. REGISTRA							_					
41		AUG 0	4 1993	1 1/1.	Janier	7.3	بالبا									
1 1		- AVU					440									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

ages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING DHYCICIAN: The law

al of attentioning proyectan.	PERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit.		
The state of the s	be detached		MIT If them 28 is marked or them 23 shows any injury or other fraumatic event the madical eventues must be nestited as annot
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR KENNETH CLYDE STOTTLEMYER 07/30/1993 10:07 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 M 2 | F DAYS HOURS YRS 217-18-4984 06-28-1924 MD 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BOX 5454 CECIL ROAD **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany 1 TES 2 NO Cresaptown FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? P.O. Rox 5454 USA 21502 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√2 NO 14. RACE — American Indian, Black. White, etc. Never Merried 2 Merried

Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ri BY white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ITION most of working Elementary/Secondary (0-t2) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) retired iron worker 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) James Stottlemver BE Bertha Grant 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Homer Smith O.Box 5454 Cresaptown, MD 21502 Mr 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Donation 5 Donation 5 Other (Specify) 8-1 Cemetery Cresaptown, MD Lease 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home aren 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or hasrt failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition Coronary Artery Heart Disease
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or tnjury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE t - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: Residence 6 Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO Matural 5 Pending Investigation BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide ED 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Momicide determined ET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. COMP MEDICAL EXAMPLE. On the back of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. TURE AND TITLE OF O ATTIFIER BE 29c. LICENSE NUMBER 29d. DATE StGNEO (Month, Day, Year) D09157 7/30/93 2 D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Snow, Dpty. Med. Ex. 124 W. Third Street; Cumberland, Md 21502 31. DATE FILEO (Month, Day, Ybar) AUG 0 3 1993

32. HEGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

to THE HIGH ONECTION: The law requires that the death certificate be executed within ZATIOUTS after death. Page 6 may be retained by the hospital or attending physician.

TO THE HIGH ONECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE BEGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

_	TIEGIOTTATI		0.		IOATE		DEA			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM ERNE	EST SWAI	гм						2. DATE	UST 1	199	2 YEAR	3. TIME OF DEATH 5:20 A.M.	
											177.			
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH	26		PLACE (State or Foreign YLAND	
- 1	213-22-2773	1 💢 M 2 🗌 F	66	YRS.						13 19				
_	9a. FACILITY NAME (If not institution, give at							ON OF DE	ATH		9c. COUNTY OF DEATH			
DIRECTOR	13900 BLUE JAY DRI	VE S.W.		CUMBERLAND						ALLEGANY				
ច្ឆ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		Tana CIT	Y, TOWN O	OR LOCAT	TON						10d. INSIDE CITY	
<u>E</u>		EGANY			IMBEI								LIMITS?	
	MARYLAND ALLI 100. STREET AND NUMBER	EGANI			ובו מויוט		ZIP COD	_			40 007	750 05 1	₩X YES 2 ND	
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입	1 Never Married 2 Married	FDRCES?	YES 2 1	NO		If yee, sp	ectity Cube	n, Mexica	n, Puerto	Ricen, etc.)	or No-	Blac	E — American Indian, k, White, etc.	
B¥	3 Widowed 4 Divorced	WW11	& KOREA			1 YES	2. NO	Specify	y:			Spec	WHITE	
0	16. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	SINESS/INI	DUSTRY	WILLE	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	ive kind of a	work done se retired.)	during mo	et of worki	ng						
COMPLETED		4		IDEN	г ам	ERIC	AN L	EAST	NG C	O. INC		LEAS	ING AUTO	
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
	CHARLES L. SWAT	ГМ					MA	RIE :	L. G	OODRIC	H			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route Nun	nber, City or Tow	n, State, Zij	p Code)		
6	SUZANNE BERNARD			RFD#	2 BO	x#52	A FL	INTS	TONE	, MARY	LAND	21	530	
	20a, METHOD OF DISPOSITION		20b. PLACE other p	OF DISPO	SITION (N	ame of cer	netery, crea	natory or		20c. LO	CATION —	City or To	own, State	
	1 Surial 2 Cremation 3 Remo	oval from State	_ ROCKY	GAP	VET:	ERAN	S CE	METE	RY A	UG 3 1	993	FLIN	TSTONE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC		22.	NAME A	ND ADDRE	SS OF FA	CILITY	IEDAT U	OME					
	- Thu 7	11/01/	: 18		MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND, MARYLAND									
	23. PART I. Enter the diseases, or o	complications the	at caused the d	eath Do									Approximate	
	shock, or heart fallure.	List only one ca	use on each lin	e.									Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	FU D	tutpa	th	thtacic ancury sn							1 TAGEL		
	resulting in death)	DUE TO	OR AS A CONSE	QUENCE O	thtacic aneury sn							13/0/11		
_		. thoras	cuano	uh	1 HY SC								2 VIS	
ᅙ	Sequentially list conditions, if any, leeding to immediate	D4	OR AS A CONSE										1	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	с												
CERTIFICATION	that initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):									
8	resulting in death) LAST	d												
	PART II. Other significant condition	a contributing to	death but not	resulting	In the u	nderlyin	g cause	given In	Part I.	24s. WAS AN		24	b. WERE AUTOPSY FINDINGS	
MEDICAL	Chtonil, 60:	stuct.	11 /	ins	011	50	458			PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
0	mipor tons	() ()								1 TYES	YMO		OF DEATH? 1 YES 2 NO	
	77.11												1 125 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	neck only o	one)				
PHYSICIAN:	EXAMINER? 1 ☑ YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		o SVYR	esidence	6 🗆 Ott	ter (Specify)				
H	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TIN	AE OF	28c. IN.	JURY AT		×	ESCRIBE HOW	NJURY OC	CURED		
	Natural 5 Pending	(Month,	Day, Year)	IN.	JURY		YES 2] NO						
BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY At h	ome, farm,	street, fac	tory, offic	20			CATION (Street		or or Runal	Route Number,	
COMPLETED	4 Homicide determined	aunding	, etc. (Specify)						Cit	y or Town, State;			1	
E	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	of my knowledge, d	leath occur	red at the	time det	and place	and du	to the c	ause(s) and ma	noez es etc	ted		
MP	(Oracan oray												(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		Selment read					ENSE NU						
BE	Nom al m	1					n n	-	23	3/			D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	USE OF DEATH (TT	EM 27) (7/20)	n. Priret	_	P	0 1	000	/ 1	A	UGUS'	г 2, 1993	
			RFD#3 BE			AD	CUMB:	ERLAI	ND.	MARYLA	ND :	2150	2	
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	31. DATE LITED IMORD'S THE TOTAL	32 cparquap r	ANG SIGNATURE	A.A.A.	_									
	31. DATE FILE (1967) 2 1993	of the	ANG SIGNATURE	Make	•								1	

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	IEALTH DE A	AND I	MENTAL HYGIEN		3	24021
	1. DECEDENT'S NAME (First	, Middle, Last)				IOAI		DLA		REG. NO			3. TIME OF DEATH
	Forrest S	Simps	on									YEAR	12:30am
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	ast birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF BIRTH		BIRTH	PLACE (State or Foreign
	185-03-7758 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							MIN.	(Month, Day, Year) 8 / 4 / 08		Country	d	
_	9e. FACILITY NAME (If not in	FACILITY NAME (If not institution, give street and number) Egle Nursing Home Lonaconing, Sidence of Decement							ION OF DE	EATH	9c. COUNT	Y OF DE	ATH
DIRECTOR	Egle Nurs								MD	All	.ega	any	
띭	10e. STATE	10b. COUNT	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
۵	MD	All	edany							LIMITS? 1 YES 2 NO			
IAL	10e. STREET AND NUMBER		101. ZIP CODE 100 CITIZEN OF WHAT C										
H H	Box D 6							215	46		US.	A	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS DECEDEN FORCES? 1	YES 2	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No — 1	4. RACE	- American Indian, White, etc.
ВУ	3/ Widowed 4 Divo		IF YES, GIVE V	AR OR DATES	1000		1 YES	2 NO	Specify	:		Specif	
0.	15. DEC	EDENT'S EDU	CATION		ECEDENT'S	LIGUAL O	CCUBATIO				- 1		WILLCO
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COMPLETED	8	712)	O	"			Ope	rat	or	Heav	y Eq	uip	ment
BE CO	17. FATHER'S NAME (FIRST, M. Donald S		n					18. мот Ма		ME (First, Middle, Maiden Warnic			
TO B	190. INFORMANT'S NAME (7)			1	9b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural F	noute Number, City or Tow	n, State, Zip C	ode)	
-	Helen An		nick						ummi	t, Midla	ind, M	d.2	1542
	1 DA Burlel 2 Cremetlo	n 3 🗆 Reme	oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of	_	DATE 20c. LO	CATION — CI	y or Tov	vn, State
	4 ☐ Donetion 5 ☐ Other 21. SIGNATURE OF FUNERAL	(Specify)		Gran	CSV1					7-31-93	rant	svi	lle,Md.
ij	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE						SS OF FAC			-	
	Hons	9, 91	Kesa			l I	cren	nor	n-Mc	Kenzie F	uner	al	Home
	23. PART Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	si	complications that List only one cau	se on esch lin	e.		the mo	de of dy	ng, such	se cardiac or reapi	ratory arres	it,	Approximata Interval Between Onset and Desth
CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initisted events resulting in death) LAS	ions, diate NG ry	DUE TO	(OR AS A CONSE	QUENCE O	F):		•					years
	PART II. Other significan	nt condition	s contributing to	desth but not	resulting	in the un	derlying	Cause (given in I	Part i. 24e, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Post - <	Lubdu		Hemo		1100		·		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Benezi	M P	petata	dhu	Trac	700	L			1 YES 2	Y NO		OF DEATH?
ż	4			10	7	West.	1			_			1 YES 2 NO
A	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)			
S	1 TYES 2 NO		HOSPITAL:	ER/Outpatient :	DOA	OTHER		5 🗆 Re	sidenca (8 Other (Specify)			
H	27. MANNER OF DEATH		28s. DATE OF (Month, Di		28b. TIM		28c. INJU	JRY AT		28d. DESCRIBE HOW IP	JURY OCCUP	RED	
ВУ		Pending nveatigation	(1/1/3/11/7/25/	,	1	M	1 Y	ES 2	NO				
	3 Suicide 8 0	Could not be	28e. PLACE Of building.	F INJURY — At he	ome, ferm, i	streat, fact	ory, office			281. LOCATION (Street a	nd Number or	Rural Ro	ute Number,
	4 Homicide	etarmined								City or Town, State)			
PL	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the beet of	my knowledge, de	eath occurre	d at the ti	lme, date	end place	end due 1	to the ceuse(s) end man	ner ee stated		
COMPLETED	one) 2 MEDIO	CAL EXAMINE	: On the basie of ex	emination end/or	Investigatio	n, In my o	pinion, de	ath occur	ed at the t	ime, date end place, and	dus to the c	euse(s)	end menner ee stated.
BE C	296. SIGNATURE AND TITLE		1-	~					NSE NUM				Month, Day, Year)
TO B	TIM	les	M	(1)				-	70	- A	▶ 7/	29	193
	10. NAME AND ADDRESS OF L. R. MILE	PERSON WHO	COMPLETED CAUS		- 1	Print) ACK	SON	S		LONACO	ADAL		MD
	31. DATE FILED (Month, Day, Y	1000	32. RECESTRAI	R'S SIGNATURE			- 310			TOTACO	DITYC)	1.117
- 18	JOL 9	U 1993	استطدوم	Dandley"	Sandani	S.,							

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: II

Victor M.

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	cate has b	the State Dept. of Health and Mental Hygien	item 23
in the manner of	After this certificate has been signed by the		ked, or
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	L DIRECTL	thin 72 hours after death with	TANT: If item 28 is marked,
	FUNERA	within 72	TANT: II

93 24022 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Valeria Watson Tudor 93 8:10 07 30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1896 1 M 2 F 10 YRS 96 16 Missouri 448-10-3678 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Annapolis Anne Arundel 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? USA 1747 Long Green Drive 21401 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-H was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 X NO Specify: BY IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

**Crium kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Hamo 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marcellus H. Watson Katherine Graham BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Long Green Drive. Annapolis, MD 21401 A. Gommengenger 1747 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 🏋 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) Mt Hane Cometory 8+7-93 Webb City, Missouri 21. SIGNATURE OF FUNERAL SERVICE MERNIES 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St., Annapolis, MD 23. PART I. Enter the diseases, or complications that sussed the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on sech line. Approximata interval Retween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEO BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSTQUENCE OF cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) 1 YES 2 NO OTHER: npatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE P 28686 29d. DATE SIGNED (Month, Day, Year) 93 311 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Playner, M.D., 1509 Ritchie Highway, Arnold, MD 21012

lie Sandson-Bindelle

1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	DEVELOPED The law requires that the death certificate he executed with
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		1 - STATE REGISTRAR			ATE OF DEATH	MENTAL HYGIEN REG. NO		24023	
		1. DECEDENT'S NAME (First, Middle, Lest) John Augus 4. Social Security Number			UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH D. AUGUST 2.	1993	HRTHPLACE (State or Foreign	
3 should		217-40-1405 9e. FACILITY NAME (If not institution, give s	1 XXII 2 F 73	YRS. WON	THE DAYS HOURS MIN.	Aug 28 1919 Maryland			
1, 2,	СТОВ	Anne Arundel Med RESIDENCE OF DECEDENT			Annapolis		Ann	re Arundel	
nit. Pages	. DIRE		ne Arundel		apolis			10d. INSIDE CITY LIMITS? 1 YES 2 WHO	
in. ansit permit.	FUNERAL	934 Arbutus Driv			101. ZIP CODE 21403	3		of what country? 2d States	
as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	(U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White	
Z I Z I	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	Me. Do NOT use reti	done during most of working	186. KIND OF BU		griculture	
be de set on	BE CO	17. FATHER'S NAME (First, Middle, Last) John Taylor			18. MOTHER'S N	AME (First, Middle, Meiden LOLine Fink	Sumeme)		
be retained be 5 should be notified	70	190. INFORMANT'S NAME (Type/Print) Sophia E. Taylor			butus Drive				
ter death. Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSITION 1 Burisl 2 AUCremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF SHEETAL BEHVICE U	noval from Stata	PLACE AND DATE OF DIS Heavy, crematory or other p		DATE 200. LO VICE 8-2-93 ACILITY John M.	CATION - City of B Alexan Taylo	or Town, State ndria, YA r Funeral Hon	
ted within 24 hours after completely filled in by the lal, cremation, or remova; event, the medical		23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. 6 I.	the death. Do not each line.	ng 2°			Approximata interval Between Onset and Death 2 days	
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ath certificate by tending physicia al Hygiene prior or other tra	ERTIFI	if any, leading to immediate	a Córo	nony Av consequence of: De Ma	Jery Disens	e		Yrs Yrs	
t the death by the attenned Mental H	MEDICAL CERTIFI	if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A d. DIA)	THE ME	دالبال		MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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31. DATE FILED (Month, New York) 1993 Sign Harris SIGN APPRILED

Mayer Gorbaty 31. DATE FILED (Month, Day, Year) JUN 23 1993

v 795 Aquahart

Road

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	Pages .		
attending priyatean.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
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מבמווו כפו חווים	attending ph	intal Hygiene	ry, or othe
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2	6	F	MP

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FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
B. Conway Tay	lor, Jr.	=				13:00PM
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)
218-10-1692	¹₽¥²□F 74	YRS.	NTHS DAYS HOURS MIN.	111111111111111111111111111111111111111		**
9a. FACILITY NAME (If not institution, give stre	et and number)	9	b. CITY, TOWN OR LOCATION OF DE	ATH	c. COUNTY OF	rth Caroli
303 Butler's La	anding		Stevensville		Oueer	Anne's
RESIDENCE OF DECEDENT					~	
10a. STATE 10b. COUNTY			OWN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland Queen	Anne's	Ste	evensville			1 TES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		log. CITIZEN OI	WHAT COUNTRY?
303 Butler's La	anding		21666		U.S	.A.
	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DECENDENT OF HISPAI		No- 14. RA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 UNO ATES	If yes, specify Cuban, Mexica		100	eck, White, etc.
3 Widowed 4 Ofvorced		ITT	XX			White
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Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	Whitefo	rd, Ta	ylor & Pre
12		Lawver		Law Fir	cm	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden Su	rname)	
B. Conway Taylo	or. Sr.		Laura	a Fulton		
19a. INFORMANT'S NAME (Type/Print)	02/ 020	19b. MAILING AG	ODRESS (Street and Number or Rural		State. Zip Code)	
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Christopher Tay			itler's Land		TION - City or	
1 Buriel 2 Cremation 3 Remov	val from State of	cemetary crematory or	F DISPOSITION (Name other place)			,
		Motro C	rematory 22. NAME AND ADDRESS OF FA	6/21/93 F	Baltin	ore, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	***				
	-/ //	2	22. NAME AND ADDRESS OF FA	CIÚTY	- 1 U	moc D A
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Glen Burnie,

Maryland

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
r death. Page o may be retained by the host	IN THE MUSH IAL OF ALL ENDING PHYSICIAN: THE IZW (EQUIES THAT HE DESTRICTED BY THE MUSH) 24 FOURS SHEET DESTR. PAGE 5 FIRST DESTRICTED BY THE DOST

13	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	LELAND HALL	TAYLOR	}									93	5:00 PM	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF BIRTH 8. I			HPLACE (State or Foreign	
	214-05-8358	3	1 🗍 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	(Month, Day, Year) Country)			
1	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						OF DEATH	
DIRECTOR	SACRED HEART HOSPITAL					CUMBERLAND					ALLEGANY			
គួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					Y. TOWN C	OR LOCA	TION	_				10d. INSIDE CITY	
E	MD	10c. CITY, TOWN OR LOCATION Cumberland								LIMITS?				
	10e. STREET AND NUMBER	101. ZIP CODE					10a CITIZEN DE			WHAT COUNTRY?				
E	1 North Waverly Terrace 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM					21502					USA			
FUNERAL						ARMED 13. WAS DECEMBENT OF HISPANIC							E — American Indian, k, White, etc.	
BY F	1 Never Married 2 7		IF YES, GIVE	YES 2 N	Ю			2 DINO		n, Puerto Rican, etc.)		Spec		
			WW II	1								whi	te	
COMPLETED	(Specify and	Phighest grade	complished)		we kind of a	USUAL Or work done	during me	DIN out of work	ing	16b. KIND OF BUS	HNESS/INC	HISTRY		
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	•)						26-3				
8	17. FATHER'S NAME (First, A	fictelin: Last)		Iwar	eho	use	ma			ME (First, Middle, Maiden	Lwa	y E	*Press	
Ö	17 June 2 W - 1							-85.00			ournamenty			
BE (Edward Ma		aylor	190	. MAILING	ADDRESS	Street a	Edr	r or Runal	nmn) Route Number, City or Town	n, State, Zip	Code		
٩	Evelyn	n	laulor.		1 3	T ToTa		1 m	Luciani					
	20s. METHOD OF DISPOSIT	ION	-ayror	20b. PLACE A		OF DISPOS	ITYON (N	amir of	orra	CO Cumber	Lanc	City or To	own, State	
- 1	4 Donation 5 - Other	(Specify)	-	Hillon			a]	Dark		7/31/ 0	mber l	and	MD	
	21. SIGNATURE OF FUNERA	L SEPVICE LIC	ENSEE	WEELO	11					CILITY		rain ta	nii	
	1 CHan	00	7 110	anni	111					uneral Ho		150		
	23. PART Enter the d	seases, or c	omplications the	at caused the de	ath. Do	ot enter	the mo	de of dy	ring, suc	h as cardiac or respi	ratory an	rest,	Approximate	
- 1	shock, or h		List only one on	use on each line	-	10.	9001 <u>6</u>			110	/		Interval Between Onset and Death	
	disease or condition resulting in death)	→	10	Culo	2 ,	rn	40	Za	rd	wil Mic	en	1	12.14	
	resulting in death)	5	gue 10	(OR AS A COMBEC	OUENCE O	0//	-	91	- 70	-00			10101	
z		•	C	ron	es	a	D	un	12	wed Into			Las	
티	Sequentially list condit if any, leading to imme	diste	DUE TO	(OR AS A CONSEC	DUENCE O	F):							1	
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju		DUE TO	100 AT A COMPT	umumir o	and I								
ËΙ	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A CONSEC	NUENCE D	P):							i 1	
8	nonatar en montro comente.		L										+	
AP.	PART il. Other significa	ent condition	contributing to	death but not n	esuiting	in the ur	derlyin	g cause	given in	Part i. 24a. WAS AN		248	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICAL	Truje	ras	diog	2017 mg	a	an	W	1-6	ne	1 TYES 2	f		COMPLETION OF CAUSE OF DEATH?	
¥.	1 cary	el i	may	yeche	4	Co	ME	AN	Fa	ilar	~		1 YES 2 ND	
ä									·					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3		4 🗆 Nur	sing Hon		lesidence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5	Pending	28e. DATE DE (Month, L		28b. TIN	IE OF JURY	W	DRK?		28d. DEŞCRIBE HOW II	NJURY OC	CURED		
B	2 Accident	Investigation	200 DI ACE (OF INJURY — AI ho				YES 2	□ NO			-		
8	3 Suicide 8 4 Homicide	Could not be determined	building	, atc. (Specify)	me, rerm,	street, ract	огу, отн	:0		28f. LOCATION (Street & City or Town, State)	ind Number	r or Rural	Route Number,	
Ш	29e, CERTIFIER					-1772-			_					
COMPLETED	(Check only									to the cause(e) end mar				
8				examination end/or i	nvestigatio	on, in my c	opinion, o	leath occu	red at the	time, date and place, en	d due to th	ne ceuse(e) end menner ee stated.	
H	296. SHONATURE AND TITLE	OF CERTIFIER	111 -					29c. LIC	ENSE NUI				D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF	E DEDECM WITH	COMPLETE	our	12	>		4	0	7/35	0	8/01	./93	
	DR. VICTOR						2 61	TON	DRIV	E CIMERDI	AND	MD	21502	
	31. DATE FILED (Month, Day,						_ 01	11014	DKT	L, CURIDERL	тиль,	ш	21302	
	AUG 0		Freid	AR'S SIGNATURE	بالمعياد									
	710,010		10	- 1	-									

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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31. DATE FILED (MC

32. REGISTRAR'S SIGNATURE a Davidson

-Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 07 3. TIME OF DEATH 1102 a Oliver Washington 25 93 YEAR a 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-21-IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 D F 222-26-4476 Preston Md 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Memorial DIRECTOR Easton at Easton Talbot RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 0 EBS YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/100 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Il yes, specify Cuban, Maxican, Pt 1 VES 2 NO Specify: FUNCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married ВУ 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12 Food Cannery Manager notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at Mary Ellen Batson Washington Robert E. Washington BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ellen Flynn Washington 4812 Webster St., Federalsburg, Md. 21632 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Donation 5 ☐ Other (Specify) 11 Cemetery 7/30/93 Federalsburg, Md Hi MALOF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 216 N. Main St. Framptom-Hawkins-Eskow, Federalsburg 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such sa cerdiec or reapiratory streat, Approximete shock, or heart fellure. Liet only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition recuiting in death) ens PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, JE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST Injury, PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 OTHER DOA 5 🗆 Residence 6 🗀 Other (Specify) 4 - Nurs 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural Accide 5 Pending investige ВУ 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death red at the time, data and place, and due to the cause(a) and menner as stated. IND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day 7-25 2 PATON

BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	to medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE PLANEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be-sleed-within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burial, cremation, or removal.	MAPORIAM: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		RTMEN				MENTAL		IE .	33	24021
	1. DECEDENT'S NAME (First		dward	Willia	`		E OF	DEA	III	2. DATE O MONTH July			XEAR 3	3. TIME OF DEATH 4:30
	4. SOCIAL SECURITY NUMBER 219-03-35	1000	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7 DATE O	E BIRTH		e BIOTI	PLACE (State or Foreign
E .	90. FACILITY NAME (# not h	nstitution, give :	street and number)				, TOWN		ION OF DE		207.	9c. COUN Car	TY OF D	EATH
CTO	RESIDENCE OF DEC	CEDENT		ocreet								Cai	. 01	I II E
DIRECTOR	Maryland	10b. COUNT	Caroli	ine	10c. CIT	Y, TOWN	Y, TOWN OR LOCATION Preston							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL			Choptan}	. Main	Str	eet	101	. ZIP COD		21655	5	U . S		• VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 27		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Guben, Mexican, Puerto Rican, etc.) 1 VES 2 ND Specify: Specify: White					k, White, etc.			
TED	(Specify onl	EDENT'S EDU ly highest grade	completed)	(G	CEDENT'S ive kind of Do NOT u	USUAL O	during me	DN ost of world	ing	16b. I	UND OF BU	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (I		College (1-4 or 5	+)		ouse		ana	Tar			Comp		
BE CO		E. W	illiamso		- 41					e Tr				son
5	Evelyn Je	ster	Willia	nson 2	2705	Cho	s (Street a	nd Numbe	Mai:	n St	City or Tow	n, State, Zip o resto	on,	Md.21655
	20a, METHOD OF DISPOSIT 1 A Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State	20b. PLACE / Cerretery, cre Chopt	matory or o	ther place)	nete	erv	7/:	31/9:	3 Ch	cation - c		
	21. SIGNATURE OF FUNERA	BENNICEU	censee	>		22. F 1	name ai	otom	ss of fa	wkin	6 N.			t.,21632 eralsburg
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	a. Con	t coused the de ise on each line (ORAS A CONSE	t	ve	the mo	e a	ring, such	h as cardia	ail	U C	est,	Approximata Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	c	(OR AS A CONSEC	/		en	te	A)		×1 °	560	25	
MEDICAL	PART II. Other significe	ent condition	ns contributing to	death but not r	esulting	in the ur	nderlyln	g cause	given in		24s. WAS AN PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 4-NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL			5 22		26. Pi	ACE OF D	EATH (Che	eck only one)		80.	. 97.6	
YSIG	1 TES 2 NO	3/1/2 11	HOSPITAL:		DOA	4 Nur		e 5 D Ñ	esidence	8 🗆 Other (Specify)			
ву Рн		Pending Investigation	28a. DATE OF (Month, D		28b. TIN	E OF JURY 13	28c. INJ WO 1 1 1	PIK?	NO NO	28d. DESC	RIBE HOW I	NJURY OCCI	JRED	
100000	3 Suicide 8	Could not be determined	28e. PLACE.O building,	F INJURY — At ho stc. (Specify)	me, farm,	street, fact		e description of the	t Breite	28f. LOCAT City or	ION (Street a Town, State)	and Number o		noute Number,
COMPLETED			CIAN: To the best of R: On the basis of s) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	Der	47				29c. LIC	ENSE NUM	4BER 7	6	29d. DATE	SIGNEO	(Month, Day, Year)
- T	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF OEATH (ITE	M 27) (Type	Print)	Bo	OX	49	61	se,	to	7.	, M.
	31. DATE FILED (Month, Day, AUG - 3 '9)	Year) 3		n's signature.	lece.	Tig.		/ = 0;			1	1,10000),

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the brospital or attending physician.

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BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Fir	1. DECEDENT'S NAME (First, Middle, Last)										YEAR	3. TIME OF DEATH	
JOSEPH	_ JOSEPH PAUL V					WARRENFELTZ				19		6:00 A	
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER		IF UNDER 24 HRS.		E OF BIRTH	8. BIRTHPL/ Country)		HPLACE (State or Foreign	
219-20-04	67	1 🔀 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS MIN.		. 5, 1	923		yland	
9e. FACILITY NAME (If not	9e. FACILITY NAME (If not institution, give street end number)					, TOWN	OR LOCATION OF				INTY OF E	DEATH	
3414 GAI	RFIELI	D RD		Smithsburg					FR	EDEF	RICK		
RESIDENCE OF DE	3414 GARFIFID RD RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100.				Y, TOWN C	OR LOCAT	TION					10d, INSIDE CITY	
Maryland			Smith							LIMITS?			
10e. STREET AND NUMBE		erick					, ZIP CODE			10g, CI1	TIZEN OF	WHAT COUNTRY?	
3414 Garf:	ield R	oad		21783			83		ī	J.S.A			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC						14. RAC	E — American Indien,		
1 Never Married 2		IF YES, GIVE W	X YES 2 1	NO			ecity Cuben, Mexic 2 NO Spec		Rican, atc.)			eck, White, etc.	
3 Widowed 4 D		WW II										White	
	CEDENT'S EDI		/G		USUAL O		ON est of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary	•)		y Gu	ard			Hydro-Conduit Con			orn			
17. FATHER'S NAME (First,	Adirdrifts (ant)		1 260	Juli	y Gu	aru	18. MOTHER'S N				111	,огр.	
	rrenfe	1 t z					and the second second		Stottle				
19a. INFORMANT'S NAME			10	b. MAILING	ADDRESS	S (Street a		-		,			
Candy Lea		n		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Steets 4058 Crow Rock Road, Myersville, Ma								d 21773	
20a. METHOD OF DISPOS	TION		20b. PLACE	AND DATE	OF DISPOS	ITION (No					- City or To		
1 Buriel 2 Cremat			cemetery, cre	matory or o	ther place)					hehi	iro	Maryland	
21. SIGNATURE OF EUNER	AL SERVICE L	ICENSEE	TOME CIT	Jour			ND ADDRESS OF F						
1 P-	- 4	0//1	•		n.	-14		1				Street	
23. PART I. Enter the	dialage of	complications the	t coursed the de	eth Do	L/T	thema	de et dules eu	Idl .	Home P	lyers	SVIII	e, MD 2177	
disease or condition resulting in death)	\rightarrow	DUE TO	OR AS A CONSE	OVENCE O	1-6V	no	und o	5	Jeac	1			
Sequentially list cond if any, leading to imm		b	(OR AS A CONSEC	DUENCE O	F):								
cause. Enter UNDERL		c											
that initiated events resulting in death) LA		DUE TO	(OR AS A CONSEC	DUENCE O	F):		45						
Tooding in death, Ex		d											
PART II. Other algnific	ent conditio	ns contributing to	deeth but not r	reaulting	In the ur	derlyin	g cause given is	n Part I.	24a. WAS AN		246	. WERE AUTOPSY FINDINGS	
									PERFOR	IMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
												OF DEATH?	
												~	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF DEATH (C	check only o	one)				
1X YES 2 □ NO		HOSPITAL:	ER/Outpetient 3	DOA	4 Nur	दे: sing Hon	ne 5 Residence	6 - Ott	ner (Specify)			-	
27. MANNER OF DEATH		28a. DATE OF (Mgmth, D	INJURY	28b. TIA	JURY	28c. INJ WC	ORK?	28d. Di	ESCRIBE HOW I	NJURY O	CURED	10	
1 Netural 5	Pending investigation	11/2	193	UM	E M	1 🔲	7	5	Biect	8/2	ST S	elt	
3 Sulcide 8	Could not be	28e. PLACE O	etc. (Specify)	me, ferm,	street, fact	tory, offic	•	281. LO	CATION (Street of	nd Numbe	or or Rural	Route Number,	
4 Homicide	determined		K	e510	len	حو	10	13	419 (M	sie	d Kord	
		SICIAN: To the best of										e) end menner ea stated.	
29b. SIGNATURE AND TITL						,			prince, en				
770	10	locko	MD				O.C.M					(Month, Day, Year) -1993	
30. NAME AND ADDRESS	DE DEBSON M	HO COMPLETED CAUS	SE OF DEATH (ITE	M 27) /%-	Drine1		U.C.M	نظ ه ا		107	- T J .	1993	
TIADA	2172	KE MI		, , , , ,		Str	reet, B	alt.	imore	Ma	rvl	and 2120	
31, DATE FILED (Month Da	(Yhar)	OO 32, REGISTA				DCI		- C. L.	-more,	110	- 1 - C	2120	
31. DATE FILED (Month, De	T4 1	993 52. REGISTA	H SEIGNATURE			טנו	.eet, B	1 Cl 2. L.	IMOTE,	rid	~ Y 2.0	2120	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE BUILD OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE BUILD After this certificate has been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set once after the state Death and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If fam 28 is marked, or fless may injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT O	HEALTH AND	MENTAL	HYGIENI REG. NO.	9	0 (240	23
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF		Y Y	EAR	TIME OF DE	ATH .
	4. SOCIAL SECURITY NUMBER 5.	RITA JANE I	WELLS yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	JULY 7. DATE OF		199		0:12 ACE (State or I	Рм
	213-18-9864 1 9a. FACILITY NAME (# not institution, give street	□ M 2 🔀 F	88 YRS.	MONTHS DA	S HOURS MIN,	(Month, 1) 4/2(Day, Voor) 0/1905	5	Country) Penn	sylva:	
CTOR	Frederick Memorial			Frede	N OR LOCATION OF D	DEATH		Fred			
DIRECTOR	Maryland Freder	ick		y, town on Lo edericl						d. INSIDE CIT	
FUNERAL	1421 Taney Avenue		·-		10f. ZIP CODE					T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 TNO	If yes	21701 DECENDENT OF HISPA , specify Cuben, Mexic YES 2 XNO Speci	an, Puerto Ric	(Specify Yea an, etc.)		Black, W Specify:	American Inc Thite, etc.	llen,
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) c	ION 10nnpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us Cafetel	work done during se retired.)	most of working			iness/inous ns Ele:	TRY		phoo1
BE COM	17. FATHER'S NAME (First, Middle, Last) Bernard A. Crutchl	ey			18. MOTHER'S N. Mary El	AME (First, Mid	Idle, Maiden S	Sumame)	enc	ary be	11001
TO B	19a. INFORMANT'S NAME (Type/Print) Frances L. Kennedy		19b. MAILING 10931	ADDRESS (Str.	et and Number or Rural y Road Fr	Route Number,	ck, Ma	, Stete, Zip Co. 1rylan	d 21	701	
	20g. METHOD OF DISPOSITION 1 di Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State cemete	PLACE AND DATE (ery, crematory or o	Catho]	ic Cemete AND ADDRESS OF F IRT E. DAI NORTH MA	A COLO CUIDA A	B Fr		ck,]	Maryla	
	23. PART I. Enter tha diseases, or com	iplications that caused t	the deeth. Do r	1201 not anter tha	NORTH MA	RKET S	C or reading	REDERI	CK 1	MD 21	
	ahock, or haert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	Perturi	th lina.							interval E Onset an	Between
CERTIFICATION	Sequentielly list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	Fuh:	coti.	i i	olu)					
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions or	ontributing to death but	not resulting i	n the underi	ring ceuse given in		PERFORM	ED?	AVA COI OF	RE AUTOPSY I MILABLE PRIOF MPLETION OF DEATH?	CAUSE
AN:	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	OSPITAL:	lent 3 🗆 DOA	OTHER:	PLACE OF OEATH (C)		Consider.	·			
	27. MANNER OF CEATH 1. Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?			JURY OCCUR	EO		$\neg \neg$
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, a			28f. LOCATI City or	ON (Street an Town, State)	d Number or F	lural Route	Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	Y: To the best of my knowled in the basis of examination a							use(a) an	d manner as	stated.
TO BE 0	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED STIES OF OFAT	M ATERS AT A	0-1-1	29c. LICENSE NU	MBER		P 7	SNED (MO	nth, Day, Year)	
	A Austin Pearre JF 31. DATE FILEO (Month, Dex, Year) JUL 1 2 1993	R MD 300 Wes	t Ninth	Stree	t Frederi	ck, MD	2170	1			

- 6-

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

SPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	Internation of the continues and the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hin it hours after easth with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	NT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE PUREINA	be filed within 7.	IMPORTANT: 1

í	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENT	AL HYGIENE			21000
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH			3. TIME OF DEATH
ı	AUGUSTUS W	TI.I.TAMS					NTH DAY LY 28 19		YEAR	м
			(In yrs. last birthday)	IF UNDER 1 YEA		7. DA	TE OF BIRTH		e. BIRTH	PLACE (State or Foreign
	11	∑3M 2 □ F	56 YRS.	MONTHS DAY	HOURS MIN.		onth, Day, Year) Y 8 1937		D. C	
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	H OR LOCATION OF	DEATH		9c. COUNT	ry of D	ATH
8	ANNE ARUNDEL MEDICA	AL CENTER		ANN	APOLIS			1	ANNE	ARUNDEL
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		I 400 007	Y, TOWN OR LO	PATION					10d. INSIDE CITY
DIRECTOR		e ADIINDEI	100.01						ŀ	LIMITS?
	100. STREET AND NUMBER	E ARUNDEL		ANNAPOLIS 101. ZIP CODE						1 XXES 2 NO
FUNERAL	807 WEST STREET									
۲		. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS I	21401 ECENDENT OF HISP	ANIC ORI	GIN? (Specify Year)	U.S.A. or No- 14. RACE — American Indian, Black, White, etc.		
	1 Never Married 2 X Married	FORCES? 1 YES	2 100	It yes,	specify Cuban, Mexic ES 2 X NO Spec	can, Puer			Black Spect	
à l	3 Widowed 4 Divorced	i teo, orte min on o	MILO	'''	ZS Z XXV	uny.				LACK
E	15. DECEDENT'S EDUCATION (Specify only highest grade com-		18a. DECEDENT'S	USUAL OCCUP	TION most of working		16b, KIND OF BUSI	NESS/INDU	ISTRY	
		ollege (1-4 or 5+)	Ille. Do NOT u	se retired.)	•					
COMPLET			MECHA	ANIC						
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	NAME (Fin	st, Middle, Maiden S	iumame)		
H	ANDREW WILLIAMS		I and a second second				SAVOY			
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rura					
	MARGARET WILLIAMS 209, METHOD OF DISPOSITION	1 20			CEET ANNA			21401 ation — ci		Charles
	1 Buriet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State P1	INELAWN N	IEM. PA	R.K	*		APOLI	-	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		LI(DEIIVI)		AND ADDRESS OF I	FACILITY	111111	711 0 131	,	110.
Í	J U	.0		REES	E & SONS	MOR	THARY. P	. A .		
_	Javy D.	7 cest		821	WEST STRE	EET /	ANNAPOLI	S. MI		
	23. PART I. Enter the disease, or comehock, pr heart failure. List IMMEDIATE CAUSE (Finel			not enter the	node of dying, su	uch ee c	ardiec or respir	atory arre	st,	Approximate Interval Between Onset end Death
	disease or condition resulting in deeth)	ackts.	re p	20101	enal >	as	aula,	all.	120	100
		DUE TO (OR AS	A CONSEQUÊNCE O	F):	1.1	1	- hal	4		11/1
O	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	MCTG	211/	ME	(11/54	72		
¥	If any, leading to immediate cause. Enter UNDERLYING									[
E	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	PF):						
CERTIFICATION	resulting in death) LAST									
ᄀ	PART II. Other significent conditions of	ontributing to death	but not resulting	In the underl	ring ceuse given i	In Part I	. 24a. WAS AN A	WITOPSY	24b	. WERE AUTOPSY FINDINGS
CAL	END STOR	e ne vy	1	2000	ing course given i		PERFORM	MED?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ē	and on	- Ine	1x M	cer,	1- 0100	V 1 10	1 VES 2	-NO		OF DEATH?
Σ	- Joseph	27/10/1	11 /	10 July	Z) / YUG	z neg	37			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			21	PLACE OF DEATH (Check onl	V one)			
PHYSICIAN: MEDI	EXAMINER?	OSPITAL:	Instinct 2 DOA	OTHER:	•		,			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til	NE OF 28c.	INJURY AT		DESCRIBE HOW IN	JURY OCCI	URED	
	1 Naturat 5 Pending	(Month, Day, Year)	II.	JURY M 1	WORK? YES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	IY — At home, ferm,	street, factory, o	ffice		LOCATION (Street ar	nd Number o	or Rural I	Route Number,
COMPLETED	4 Homicide determined	building, atc. (Spe	всту)			,	City or Town, State)			
J'E	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my know	wledge, death occur	red at the time,	late and place, and d	fue to the	cause(s) and man	ner sa state	d.	
MIC	one) 2 MEDICAL EXAMINER: C									a) and manner as stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	UMBER	1	29d. DATE	SIGNEO	(Month, Day, Year)
BE (6NONO	misson	0670	2	2/4	971	8	17	- 7	097
2	30, NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF O	EATH (ITEM 27) (Typ	o, Print)		,				
	205 R	4501	ARR	11/	nam	//1	1	21	2	121
	31. OATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE		1					1
	#AUG 0 2 1993 &	ha Daladson	And Indian							

Lisa B.

31. DATE FILED (Morith, Day, Year)
AUG 0 3 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Murray

an.	transit permit. Pages 1, 2, 3 should		
retained by the hospital or attending physic	OFFICEOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3		notified at once.
I 24 HOURS After death. Page to may be retained by the hos	ly filled in by the funeral director, page	ation, or removal.	ANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notife
ICIANY. HIS IAM INQUIRES HAI THE URALLI CELLINCALE DE EXECUTEU WILTIN 24 MOL	e attending physician and completer	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ury, or other traumatic event,
SICIAIN. HE IM TEQUIES HAL THE	certificate has been signed by the	h the State Dept. of Health and N	d, or item 23 shows any in
METINE ON ALIENDING FILE	DINERAL DIRECTOR: After this	atthin 72 hours after death with	ANT: If item 28 is marker

93 24031 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1993 YEAR Margaret. Emma August 1 Wormser AM 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Aug 12 1909 HOURS 1 🗌 M 2 🔍 K 577-22-9947 83 Kansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 147 Georgetown Road Annapolis Anne Arundel 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis XXXES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 147 Georgetown Road 21403 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerio Ri ВҰ 1 TYES 2 XHO Specify White. COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Secretaru State Department 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert L. Wormser Etta Pierce BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 1330 Massachusetts Ave., N.W. #524 Washington, D.C. 9 Florence E. Wormser 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata Buriel 2 Cremation 3 Re Donation 5 Other (Specify) Hillcrest Cemetery 8-3+93 Annapolis, Maryland NATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home. 147 Duke of Gloucester St. Annapolis, MD Ł 3. PART i. Enter the disessea, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition · metastatic Breast cancer resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Anemia COMPLETION OF CAUSE 1 TES 2 NO Huper tension 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Pesidence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВҰ 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 [MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) D38526 uay August 2, 1993

139 Old Solomons Island Road Annapolis, MD 21401

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	HISPITIAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the state of earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT INEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(TO THE HOSPITA	TO THE GUNERAL	be filed termine?	IMPORTANT: II

							93	3 24032
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last)	AWSE CARL WO	LF					S. TIME OF DEATH
		S. SEX 8. AGE (In yrs. las		ER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	17.50 01 0	1 NM 2 □ F	YRS. MONTHS		HOURS MIN.	14/22/11	5 P	ennsylvani A
æ	99. FACILITY NAME (II not institution, give stree FRANCIS SCOTT	KEY MEDICAL (CENTER		ALTIM		9c. COUNTY	
S	RESIDENCE OF DECEDENT	MYTTEGE		KL	1170	3	Balt	imore
DIRECTOR	Maryland		10c. CITY, TOWN	OR LOCATIO	Qu	eenstown		10d. INSIDE CITY LIMITS? 1 YES 2 YO
	10e. STREET AND NUMBER	en Anne's	CPOC	10f.	ZIP CODE 2	1650	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	R+2 Bx	335 A	la constant de la con		Or	16588	USA	
	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 L. YES 2 N IF YES, GIVE WAR OR DATES		If yes, spec	offy Cuben, Mexi	ANIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.
) BY	3√Wildowed 4 □ Divorced	1934-1937		1 TES 2	XX Spe			Specify: White
COMPLETED	1S. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted) (Gi	CEDENT'S USUAL ive kind of work don Do NOT use retired.	e during most		16b. KIND OF BU	SINESS/INDUST	TRY
MPL	unknown		Managed	Mot	els			
	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Meiden	Surname)	
B	John Henry Wol	198	. MAILING AODRE	SS (Street end		iolet Fox		del
2	COCIERANA NO.	ExxExx Jewell				eet. Stev		
	20e. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Remove 4 Donation S Other (Specify)	20b.PLACE/ cemetery, cre	AND DATE OF DISPO	OSITION (Nam	e of	OATE 20c. LO	CATION - City	or Town, State
	21. BIGNATURE OF FUNERAL SERVICE LICEN	VI	Vetera	INS C	ADDRESS OF	PACILITY XB	Hurlo	ck Maryland
	* Birl & D	alle li	\supset	Tom	Helfe:	nbein Fun	eral 1	Homes, P.A.
	23. PART I: Enter the diseeses, of con	nplications that caused the da	ath. Do not ente	er the mode	e of dyling, so	ich an cerdiac or resp	ratory errest,	er, Md.21619
	IMMEDIATE CAUSE (Finei	st enly one couse on each line						Interval Between Onset and Death
	disease or condition resulting in desth)	OUE TO (OR AS A CONSEC	SIS					
z		Pheu		14				
ATIO	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CONSEC	DUENCE OF):					
JFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEC	DUENCE OF):	DCL	<i>^</i>			
CERTIFICATION	resulting in death) LAST							
11	PART II. Other significent conditions of	contributing to deeth but not r	eaulting in the u	underlying	cause given i	n Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 _ YES 2		COMPLETION DF CAUSE DF DEATH?
. M								1 TES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF OEATH (Check only one)		
IYSI	1 YES 2 NO 1	The state of the s	11.	ursing Home		6 Other (Specify)		
	1 Netural S Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJUI WORI		28d. OEŞCRIBE HOW I	NJURY OCCUR	ĒO .
D BY	3 Suicide 6 Could not be	28s. PLACE OF INJURY — A1 hor building, etc. (Specify)	me, larm, street, fa			281. LOCATION (Street of City or Town, State)	and Number or F	Bural Route Number,
E .	4 Homicide determined							
COMPLETED	(Check only	N: To the best of my knowledge, dail On the beste of axamination end/or i						nuse(s) and manner as stated
w	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N			GNED (Month, Day, Year)
TO B		1en mo			nIaco	64200-G11	•	
- II	30, NAME AND ADDRESS OF PERSON WHO C	YEARS ETED CALIBE OF DEATH STEEL	A OTO CE O-I-O					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED MANY PAY 1988 1993

2 RESETTANT'S SIGNATURE

4 17	1. DECEDENT'S NAME (First, Middle, Last)	4	2. DATE OF DEATH MONTH DAY YEAR	3. TIME OF DEATH
	NETTE VOLA WEIGH	rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	06 02 93	0340
	The state of the s	6-7 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Moghh, Day, 194)	
_ 1	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DE		MARYLANI DEATH
DIRECTOR	MELMSS RESIDENCE OF DECEDENT	Baltimore	Bulf.	City
IREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
AL D	Queen Anne's	MILLING TON	Man ASSISTED OF	1 YES 2 NO
VER	1906 Budley's Corner Rd	2165		.A.
FUNER	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2	If yes, specify Cuban, Mexica	IIC ORIGIN? (Specify Yes or No— 14. RAC n, Puerto Rican, etc.)	CE — American Indian, ck, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE:	1 TYES 2 NO Specify	Spe	white
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemaker		
COMPL	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surname)	
BE (Edward Teat		tevenson	
2	John Perkinson	19b. MAILING ADDRESS (Street and Number or Rural I		C 27265
	20a. METHOD OF DISPOSITION 20b. PL.	2026 Ladora Dr.,	DATE 20c. LOCATION - City or 1	
	4 Donation 5 Other (Specify)	y, crematory or other place) rumpton Cemetery f	15/9: Crumpton	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	obein Funeral Ho	omes Da
	Mimark. Hellen	130 Speer F	Road, Chestertown	n, Md.262
	23. PART I. Enter the diseases, or complications that caused the shock, or heert failure. List only one cause on each	e death. Do not enter the mode of dying, such line.	as cardiac or reepiratory arrest	Approximate Interval Between
	disease or condition e. Harl Card	a talore	a Olivaly	Onset and De
	DUE TO (OR AS A CO	MSEDUENCE OF):	THE STANDARD	, per
ON	Sequentially list conditions, DUE TO (DR AS) CO	NSEQUENCE OF:	AL MIGHT	yolf v
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	11. (1)	MASSINER	
E	that initiated events resulting in death) LAST			1
S	d			
¥	PART II. Other significent conditions contributing to death but	not resulting in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY 24 PERFORMED? 24	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
MEDICA	Franklin Compress Wiscular of	Do /	1 TES 2 NO	OF DEATH?
∑ ;	The of the		-	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	ick only one)	
14SI	1 YES 2 NO 1 Nopetient 2 ER/Outpatie	The second second second		
	1 Natural 5 Pending (Month, Day, Year)	286. TIME OF 10 286. INJURY AT WORK? 10:18MP 1 YES 2 THO	28d. DESCRIBE HOW INJURY OCCURED	
BY	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building etc. (Specify)	At home, farm, street, factory, office	281. LOCATION (Street and Number or Rural City or Town, State)	Route Number,
	4 Homicide determined	AT HOME		ORNER RO
ETEC		e, death occurred at the time, date and place, and due		
MPLETEC	29a. CERTIFIER (Check only page 1) CERTIFYING PHYSICIAN: To the best of my knowledge			
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge of examination en	d/or investigation, in my opinion, death occured at the		(a) and manner as stated
H	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledg			(a) and manner as stated O (Month, Day, Year)
	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge of examination en	d/or Investigation, in my opinion, death occured at the		A Section of the Control of the Cont

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î	TO THE COSMON OF A FANDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	detach		IMPORTANT: HIMM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 93 24034									
3	1. OECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATN		
	WALTER W. WERTZ	Ζ			08 02 93					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	a. Bi	RTHPLACE (State or Foreign		
	217-03-4570	1 X M 2 □ F	90 vr	3.	MOUNS MIN.	4/14/03				
·	9a-FACILITY NAME (If not Institution, give a			101	OWN OR LOCATION OF D	DEATN	9c. COUNTY O			
5	Lions Manor Nur	rsing Home		Cur	mberland		AI	legany		
DIRECTOR	10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY 1			LOCATION					
FUNERAL	100. STREET AND NUMBER Route 5 Box W. I	E. #20			101. ZIP CODE 21502	1 □ YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. W	S DECENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or No— 14. R	ACE — American Indian, lack, White, atc.		
8Y F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES NO	1 [es, specify Cuban, Maxic YES 2 XNO Spec					
	A	ATION .						nite		
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind	T'S USUAL OCC of work done dur T use retired.)	UPATION ing most of working	16b. KIND OF BI	USINESS/INDUSTR	Y		
P.	Elementary/Secondary (0-12)	College (1-4 or 5+)			ster Plum	how Ma	1 to se M	Veden c C		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Term	eu Mas		AME (First, Middle, Maide		. Yoder & S		
	(nfn)				(nmn)	that the same of the same	ii comanie,			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MA/L	ING ADDRESS (S	Street and Number or Rural	Route Number, City or To	wn, State, Zip Code			
5	Milton W W	Vertz			Box W.E. #					
	20a_METNOD OF DISPOSITION 1 DABurial 2 Cremation 3 Remo	200	PLACE AND DA	TE OF DISPOSITI	ON /Name of	DATE 20c I	OCATION — City of			
	4 Donation 5 Other (Specify)	P:	into Mei	or other place) nnonite	Cemetery	8/05/ Pi	nto, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NA	ME AND ADDRESS OF E	uneral H	OMA			
1 2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCARPELLI Funeral Home Cumberland, Maryland 21502									
	23. PART . Enter the diseases, or o	complications that cause	d the death. D					Approximets		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Dasth									
	disease or condition									
	UE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, Local Conditions,									
Ĕ	the arry, leading to immediate cause. Enter UNDERLYING									
10	CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE	00						
	that initiated events resulting in desth) LAST	DUE TO (OH AS A	CONSEQUENCE	: OF):						
CERTIFICATION		1								
뒿	PART II. Other algnificant conditions					Part I. 24s. WAS A	N AUTOPSY :	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC	L, H. 1-)	S/ Cenel	000 C	ascul	an acci	The second of the second	TIMED!	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
W		1						1 TYES 2 NO		
ž										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C	heck only one)				
IS	1 TYES 2 NO	1 - Inpetiant 2 - ER/Out		4 X Nursin	Home 5 🗆 Rasidenca					
	27. MANNER OF OEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		INJURY	IC. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED			
ĕ	2 Accident Investigation	200 PLACE OF IN HIE	/ At hame day		1 YES 2 NO					
0	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
9	29a. CERTIFIER									
COMPLETED	298. CERTIFIEN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш	296 SIGNATURE AND TITLE OF CERTIFIER		10		29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)		
0 8	V. A. Kanfithan . M. D				D19750			08-03-93		
임	30. NAME AND ADDRESS OF PERSON WHO									
	V.A. Ranjithan, N			.H., Se	ton Dr. Ex	ct., Cumber	rland, M	D 21502		
	31. DATE FILED (Month, Day, Year) ALIC 0 4 1993	32. PEGISTRAR'S SIGN	ATURE - Render							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
	HERBERT MILLER WIL	ER WILSON		1993 04:57 M						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthd			8. BIRTHPLACE (State or Foreign						
	175-18-8104 1 x M 2 □ F 87 YR	S. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/1/06	PENNSYLVANIA						
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEATH						
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND, MD. ALLEGANY									
BEC	10a. STATE 10b. COUNTY 10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY						
		LAVALE		1 X YES 2 NO						
FUNERAL	10e. STREET AND NUMBER	10f. ZIP COOE	10g	. CITIZEN OF WHAT COUNTRY?						
Ä	1 LONG DRIVE	21502	USA							
J.	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 NO									
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 NO Specif		Specify: WHITE						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION	16b. KIND OF BUSINESS	S/INDUSTRY						
	Elementary/Secondary (0-12) College (1-4 or 5+)	of work done during most of working IT use retired.)	AUTOMOB	TTP						
COMPLETED	8 OWN	IER / DEALER								
	HARRY D. WILSON	18. MOTHER'S NA	ME (First, Middle, Maiden Surnal CULIN	me)						
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAIL	ING AODRESS (Street and Number or Rural		tu. Zio Code)						
임		ONG DRIVE LAVA								
	1. Burial 2 Cremation 3 Removal from State cametery, crematory	TE OF DISPOSITION (Nama of or other place)		N — City or Town, State						
	M. SIGNATURE OF FUNERAL SERVICE LICENSEE	N MEMORIAL GAR 22. NAME AND ADDRESS OF FA		LE, MD						
	Douglas & Hake	HAFER CHAPE	L OF THE H	ILLS MORTUARY ALE, MD 21502						
	23. PART I. Enter the disesses, or complications that ceused the death. D	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.								
	shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death									
	DUE TO (OR AS A CONSEQUENCE OF):									
8	disease or condition resulting in death) e. Heal Respiratory Arrest Due to (or as a consequency of): Sequentially list conditions, b. Rulmmany Embolus									
AŢ	if any, leading to immediate cause. Enter UNDERLYING	E OF):								
FIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE	E OFI:								
CERTIFICATION	resulting in death) LAST			į						
뜅	0.									
DICAL	PART II. Other significant conditions contributing to death but not resulting	ng in the underlying ceuse given in	Part I. 24e. WAS AN AUTOI PERFORMED?							
8			1 _ YES 2H	COMPLETION OF CAUSE						
M				1 TYES 2 NO						
PHYSICIAN: MEI										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPLPAL:	28. PLACE OF OEATH (Ch	eck only one)							
ı,	1 YES 2 NO 15 Inpatient 2 ER/Outpatient 3 Do	4 Nursing Home 5 Residence	8 Other (Specify)							
ᇤ	27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b.	TIME OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY	Y OCCURED						
B	2 Accident Investigation	M 1 TYES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, tan building, atc. (Specify)	m, street, fectory, office	28f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,						
山	29a. CERTIFIER									
P P	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occ	a stated.								
COMPLET	2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and menner as stated.									
296. SIGNATURE AND TITLE OF CENTIFIER 29d. OATE SIGNEO (Month, Dep										
ဝ	30 MANE AND ADDRESS OF THE BOOK WITH THE BOOK OF THE B	102	2181	8-1-93						
	DR. GARY WAGONER M.D., 925 BISHOP		FRIAND MD 21	1502						
	31. DATE FILED (Month, Day, Year) 31. REGISTRAR'S SIGNATURE	MANDE ROAD, CUMB	ENLAND, FID 21	LJUZ						
	31. DATE FILED (Month, Dey, Year) AUG 0 5 1993 AUG 15 1993	1								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

THE HOS THE FE Se filed with

re executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	I completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	emation, or removal.	lic event, the medical examiner must be notified at once.
TO THE HORTON OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	be filed within 72 hours after death with the State Dept. of Hearm and Memai Hygiene	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumat

6 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

George I. Smith, Jr.

AUG 0 4 1993

2 MEDICAL EXAMINER: On the basis

1 Natural

2 Accident

3 Sulcide

4 Homicide 29a, CERTIFIER

BY

BE COMPLETED

2

1	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLA				NT OF H			MENTA	REG. NO	
	1, DECEDENT'S NAME (First, Middle, Last)									2 DATE	OF DEATH	_
	Ruby		7	U	Jim.	EK	2			MONT	H D	AY 2
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	n yrs. last .	birthday)	y) IF UNDER 1 YEAR		IF UNDER	24 HRS.	7. DATE	OF BIRTH	
	315-50-7656	1 □ M 2XX	83 YRS.		YRS.	MONT	HS DAYS	HOURS	MIN.	4 - 6	-1910)
	9a. FACILITY NAME (If not institution, give s	treet and number)				9b. (CITY, TOWN O	R LOCATI	ON OF DE	ATH		1
IOR	Homewood Retirement Center					Fi	reder	ick				
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				WI OR LOCAT	OR LOCATION				_		
E		Frederick				Myersville						
5	10e. STREET AND NUMBER			1				ZIP COD	F			T,
FUNERAL DIRECTOR	41 Fox Rock Di	cive					"		773			ľ
3	11. MARITAL STATUS	12. WAS DECEDEN				Т					1? (Specify Ye	a or
正	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES	2 X NO)	- 1					Rican, etc.)	
B	3 Widowed 4 Divorced	IF 123, GIVE W	An On DA	II ES			1 1 163	ST VIIO	XNO Specify:			
E	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED		16a. DEC	EDENT'S	USUA	L OCCUPATIO	ON et of world	200	168	. KIND OF BU	ISIN
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. I	(Give kind of work done during life. Do NOT use retired.)		ed.)					
립	12 Housewife				-1-	Hor	$m\epsilon$					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Malden					_		
BE C	John Franklin Allard				Ida M. Jenkir					ns		
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural					or Rural F	Route Num	ber, City or Tow	vn,			
2	Robert L. Wimer 41 Fox Rock D. Mye					ersv	ille	, N				
	20a. METHOD OF DISPOSITION 1 Gurlel 200 Cher (Specify) 20b. P 1 Constant 5 Cher (Specify) 20b. P 1 Constant 5 Cher (Specify) Res			PLACE A	PLACE AND DATE OF DISPOSITION (Name OATE DECRETED OATE DEC				DCA			
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE					SE OF FA	CILITY					
		1	1				Leas	ure	-Ste	ein,	Inc.	2
	> Ernest a	· Ky	n.				Cumb	erl	and,	Md.	215	02
	23. PART i. Entar the diseases, or shock, or heart failure.					not e						
	IMMEDIATE CAUSE (Final	the second second second										
	disease or condition resulting in death) s. ARTERIOSCLEROTIC CARVIO - VASC							inle	n d	15		
	disease or condition s. ARTRIOSCLEROTIC CARDIO - VAScular of DUE TO (OR AS A CONSEQUENCE OF):								1-			
-												
0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
X I	If any, laading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A	CONSEO	UENCE O	F):						
F	resulting In death) LAST											
8		u									200	
A	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORM											
용											1 TYES	2 🔀
E I												
-												
3	25. WAS CASE REFERRED TO MEDICAL						26_PI	LACE OF C	DEATH (Ch	eck only o	ne)	
PHYSICIAN: MEDICAL CERTIFICATION	EXAMINER?	HOSPITAL:	ER/Outo	ationt 3	3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ΞÌ	27. MANNER OF DEATH	28a. DATE OF	INJURY		28b. TIA	AE OF	28c. IN.	JURY AT	- January Rod		SCRIBE HOW	INJ
<u>-</u>	1 Natural 5 Pending	(Month, D	lay, Year)		IN	JURY	W	PRK?	7 40			

M.D.

32. REGISTRAR'S SIGNATURE

26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

OEAT TITEM 27) (Type, Print)

300 W.

9th

1 YES 2 NO

29c. LICENSE NUMBER

10587

93 24036 15 8. BIRTHPLACE (State or Foreign Illinois c. COUNTY OF DEATH Frederick 10d. INSIDE CITY 1 TYES 2 NO log. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, stc. Specify: White ESS/INDUSTRY State, Zip Code) 1d. 21773 TION — City or Town, Stata derick, Maryland 230 Baltimore Av Approximata tory erreat, intarvai Betwe **Onset and Daeth** EASE 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? JTOPSY ED? OK 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d, DATE SIGNED (Month, Day, Year) 8 193 Frederick, Md. 21701

DHMH-18 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
si examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The taw impulses that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART!	MENT OF H	EALTH AND DEATH	MENTAL HYGI REG.		93	24037
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	f DAY		3. TIME OF DEATH
	FLOYD LESTER LEE	WAMPLER				MONTH 7/2	9/93	YEAR	12:00 A M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea			LACE (State or Foreign
	217 10 1651 90. FACILITY NAME (If not institution, give str		83 YAS.	b. CITY, TOWN C	HOURS MIN.	10/7/09		MAI	RYLAND
DIRECTOR	FROSTBURG VILLAGE	NURSING HOM	E	FROST	BURG		AI	LEG	ANY
H	10e. STATE 10b. COUNTY		10c, CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MARYLAND ALLEG	ANY	F	ROSTBUR	LG	(EC	KHART)		1 TES 2 TNO
FUNERAL	10e. STREET AND NUMBER RT 3,	BOX 296		10f	ZIP CODE 2153		10g. CITIZ	I.S.	HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify		14. RACE	- American Indian,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES TES		2 NO Specific	nn, Puerto Rican, etc. y:		Specify	White, etc.
	X								WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of work life. Do NOT use n	k done during mo	N st of working	16b, KIND OF	BUSINESS/INDU	STRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)							
ğΙ	17. FATHER'S NAME (First, Middle, Last)		MILLWR	IGHT			BER COM	PANY	
		Z.D.				ME (First, Middle, Ma.	•		
BE	JONAS E. WAMPLI	2K	1 40h 4444 MG 47	DD500 (0)	SARA	H ANN LA	NCASTER		
2	FLOYD BERNARD WAME	OT ED							
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF			WILLIAMS			
	1 X Buriel 2 Cremation 3 Remo	val from State ceme	etery, crematory or other	plece)	me or	1	LOCATION — C		rn, State
	21. SIGNATURE OF TUNERAL SERVICE LICE	ENGLEE	CKHART CEN		D ADDRESS OF FA	7/31 E	CKHART,	MD	
	Vn 1	YNV.				AL HOME,	P. A.		
	1 prilou	111,000	wers/	60 W	MATN S	T FPOC	PRIIDC	MD2	1532
	23. PART I. Enter the diseasea, or conshock, or heart fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)		ch line.	enter the mo	de of dying, suc	h as cardiac or n	eapiratory srre	st,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):						4
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			-			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death bu	it not resulting in	the underlying	cause given in	PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M									1 TES 2 NO
ä									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL THER:	ACE OF DEATH (Ch	eck only one)			
<u>≥</u>	1 VES 2 NO	1 Inpatient 2 ER/Outpa	tient 3 DOA 4	Nursing Home		8 Other (Specify)			
	1 Netural 5 Pending	(Month, Day, Year)	286, TIME O	Y WO	RK?	28d. DESCRIBE HO	W INJURY OCCL	PRED	
ਨੂ	2 Accident Investigation	284 PLACE OF IN HIDY	At here to the		ES 2 NO			_	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	y)	et, ractory, office		281. LOCATION (Str City or Town, S	eet end Number o ate)	r Rural Ro	ute Number,
COMPLETED		IAN: To the best of my knowle I: On the beste of examination							end manner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	4.6			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
	Atra /	your MO)			D125	-36	•	7/3	29/92
2	30. NAME AND ADDRESS OF PERSON WHO GEORGE M. BR	EZA, M.D., 9	TH (ITEM 27) (Type, Pri 12 SETON	DRIVE,	CUMBERL	AND, MD 2	1502		
	JUL 29 1993	REGISTRAR'S SIGNA	A. Marie						

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	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Las)				2. DATE OF DEATH MONTH	DAY Y	3. 1	TIME OF DEATH
	MARIE B. ALBER	TS				8 15	93		1:55 A
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAN Country)	CE (State or Foreign
	219-32-1662 9a. FACILITY NAME (If not institution, give	1 M 2 F	57 YRS.	1114-00		01/27/	~~		YLAND
<u>~</u>		No. of the Control of		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	4
16	ST. AGNES HOSP	ITAL			BALTIMORE	<u> </u>			
DIRECTOR	10e. STATE 10b. COUR	TY	10c. CIT	Y, TOWN OR LOCA	TION			10d	I. INSIDE CITY LIMITS?
	MARYLAND		ВА	LTIMORE					YES 2 NO
PA	1703 MORRELL P	ADV AVENUE		10	M. ZIP CODE		10g. CITIZEN		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN II S ARMED	12 MMC DE	21230	NIC ORIGIN? (Specify)		S.A.	
	1 Never Married 2 Married	FORCES? 1 1	YES 2 NO	It yes, s	pecify Cuban, Maxico S 2 X NO Specific	an, Puarto Rican, etc.)	fes or No— 14.	Black, Wh	American Indian, hita, etc.
ВУ	3 Widowed 4 Divorced	1. 120, 0112 1001	A DATES	1 ' 1 ' 1 ' 1	S Z IXI NO Specif	ry:		Specify:	WHITE
9	15. DECEDENT'S EC (Specify only highest gra	UCATION de completed)	16a. DECEDENT'S (Give kind of	vork done durina m	ON ost of working	16b, KIND OF B	USINESS/INDUS	TRY	
LETI	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)					
COMPL	10th GRADE 17. FATHER'S NAME (First, Middle, Last)		HOME	MAKER				_	
_	HERBERT LONG					AME (First, Middle, Maide	,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS /Street		RICE BROGA Floute Number, City or R		del	
유	ANJELICA GONZA	167			VICTOR				21225
	20a METHOD OF DISPOSITION 1 LABurtel 2 Cremation 3 Re		20b. PLACE AND DATE	OF DISPOSITION /N			TIMORE	_	21225 Stota
	4 Donation 5 Other (Specify)	movel from State	MEADOWRI		RTAL PAR	K 8/19	ELKRIDG	F	
	21. SIGNATURE OF FUNERAL SERVICE	ACENSEE			ND ADDRESS OF FA				
	Jacis 2					RAL HOME			
	23. PART I. Enter the diseeses, o	complications that cau	used the deeth. Do r	ot enter the mo	ode of dying, suc	IS AVENUE -	PALTIMO piratory errest	RE, I	Approximete
	shock, or heart fallure IMMEDIATE CAUSE (Fine)	. List only one ceuse o	on eech ilne.					·	Interval Between Onset and Dear
	disease or condition resulting in death)	• PIII MO	NARY THRO	ABOEMBOI	T DILAT	EDAL OGGI	HOTHE	į	
		DUE TO (OR	AS A CONSEQUENCE O	J:	H, DILIAL	FRAL UCUL	USIVE	1	Minutes
NO	Sequentially liet conditions,	b							
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF	ි):				İ	
RTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR /	AS A CONSEQUENCE OF	7):					
E	resulting in death) LAST	d.							
AL CEI	PART II. Other significent condition	ne contributing to deal	th but not resulting	a the underlyle	a course above to	Daniel Las una			
CAL	MYOCARDIAL INF			ii tile dilderiyin	g ceuse given in	PERF	N AUTOPSY ORMED?	AVAI	RE AUTOPSY FINDING ILABLE PRIOR TO APLETION OF CAUSE
MEDIC.	CORONARY ATHER					1 X YES	2 NO	OF	DEATH?
	CORONARI AINER	OSCLERUSIS,	MARKED			_		1 🖸	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (CA	neck only one)		L	
Sic	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		E OF 28c, IN.	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not b	28a. PLACE OF INJ building, atc. (URY — At home, farm, (Specify)	treet, factory, offic	ia .	28t. LOCATION (Street City or Town, State	t and Number or F	Pural Route	Number,
ETE									
COMPLET		SICIAN: To the best of my k							
ON	2 MEDICAL EXAMI	IER: On the beals of examin	etion and/or investigation	n, in my opinion, o	feath occured at the	time, date and place,	and due to the c	ause(a) and	manner as stated.
BE C	296 SHOHATURE AND TITLE OF CERTIF	00			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Mon	nth, Day, Year)
TO BE CON	Muhael 1	tele	zar,	ND	D099	90		08/1	16/93
	36. NAME AND ADDRESS OF PERSON W								21220
	Dr. Michael I	2. Pelczar	ST. AGNES	HOSPIT	AL 900 C	aton Aven	ue Bal	timor	re MD
X	AUG 1 8 199		don Bridge	_					
U	,100 To 199	Januaria	SCHOOL STATES						

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Company of the compan		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	fter death with the State Dept. of Health and Mental Hygiene prior to bu	njury,
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	State	Item
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31. DATE FILED (Month, Day, Year)
AUG 18 1993

32. REGISTRAR'S SIGNATURE

E OF DEATH 5 36 M (State or Foreign S .
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SIDE CITY
MITS? (ES 2 NO
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BLE PRIOR TO ETION OF CAUSE TH? ES 2 \(\square\) NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTRONONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be cained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be extitled at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	BRENDA F. P.					8 1	3 9	3 1134 AM
	106-46-4127	1 M 2 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 4 - 5 4		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c, COUNTY	Va.
DIRECTOR	HARBOR HOSPITA	AL		BALT	IMORE			
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		Y, TOWN OR LOCA				10d. INSIDE CITY
	MARYLAND		BAL	TIMORI				LIMITS?
FUNERAL	10e. STREET AND NUMBER		•	-10	H. ZIP CODE			OF WHAT COUNTRY?
NE	2126 PARK AVENU				21217		UNITE	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X X40	If yes, a	pecify Cuban, Mexic	NIC ORIGIN? (Specify Young, Puerto Rican, etc.)	98 or No — 14	RACE — American Indian, Black, White, etc.
BÝ	3 Widowed 4 Divorced	ir res, dive with on bi	ALES	10 46	S 2 X NO Speci	ry:		SPOBYL ACK
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of a	USUAL OCCUPAT work done during m in retired.)	ION lost of working	16b. KIND OF BI	JSINESS/INDUS	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	DISA	BLÉD				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maide	n Surname)	
BE	LEWIS HARMON					OTHY BAI		
2	190. INFORMANT'S NAME (Type/Print) DOROTHY JOHNS () M				Route Number, City or To		
1	20e. METHOD OF DISPOSITION	206	.PLACEAND DATE			BALTIMOR DATE 200 L		Z I Z I /
	1 X Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	LETTMORE	her place ME	ΓERY			ORE, MD
	21. SIGNATURE OF TUNERAL SUIVICE LI	CENSEF	211		ND ADDRESS OF F			
	Mary	Ell sold	fores	/				NORTH AVE.
	23. PART I. Enter the diseases, or ehock, or heart fellure.	complications that caused	the deeth. Do n	ot enter the m	ode of dying, suc	ch es cerdiec or ree	olratory streat	Approximate
	IMMEDIATE CAUSE (Final disease or condition	2116						Onset and Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF	n:				
z		6 GUDOCA	3					
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	_				
FIC	CAUSE (Disease or Injury that Initiated events		CONSEQUENCE OF					
CERTIFICATION	resulting in deeth) LAST	d						
	PART II. Other significent condition	ne contributing to deeth b	ut not reculting	n the underlyin	o ceuse alven in	Part I. 24e. WAS A	N ALITOBEY	24b, WERE AUTOPSY FINDINGS
ICAL				allowing in	ig couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 □ YES	2 -140	OF DEATN?
N.								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	neck only one)		
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	etient 3 DOA 26b. TIM	4 - Nursing Nor	me 5 🗆 Residence	8 Other (Specify)	IN HIEW COOLIN	50
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	ORK? YES 2 NO	28d. DESCRIBE NOW	INJUNT OCCUM	ED
	3 Suicide 8 Could not ba	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, a	treet, factory, offi	ce	28t. LOCATION (Street City or Town, State		Rural Route Number,
	4 Nomicide determined						,	
COMPLETED		ICIAN: To the best of my knowl						
1 1	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	n end/or Investigatio	n, in my opinion,				
BE	The state of certifie	0			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)		-	01	2716
VI	JAEOB LA	ELTUCATE, M	1					
4	AUG 1 8 1993	32 REGISTEAR'S SIGNA	- Pandelle					

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DIVISION OF VITAL RECORDS,	DITAL OD ATTENDIAL DAIVELOIST, TO
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		1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	TMENT ICATE	OF HE	ALTH AND DEATH	MENTAL HYGIEN			
			UN					2. DATE OF DEATH	AV 2	3. TIME OF DEATH	м
9		4. SOCIAL SECURITY NUMBER 212-39-0387	1 🗌 M 2 🔀 F	AGE (In yrs. lest birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) $3 - 7 - 93$		BIRTHPLACE (State or Foreign Country) MARYLAND	
physician. burial-transit permit. Pages 1, 2, 3 should	OR	98. FACILITY NAME (If not institution, give a UNIVERSITY HOS	SPITAL		96. СІТУ, В А	L T I M	LOCATION OF E	EATH	9c. COUNTY	OF OEATH	
Jes 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CI	Y, TOWN OR	LOCATIO	N			10d. INSIDE CITY	=
ormit. Pa		MARYLAND 10a. STREET AND NUMBER		ВА	LTIM		IP CODE		Lan- Olympia	1 YES 2 NO	
transit pe	FUNERAL	1814 N. COLLING				2	21213		UNITE	ED STATES	
	B	11, MARITAL STATUS 1 [X] Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 V NO	11.		fy Cuban, Maxic	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) fy:	e or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: B L A C K	
spital or att	COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. OECEDENT'S (Give kind of life Do NOT u	work done du se retired.)	ring most o		16b. KIND OF BU		TRY	
d by the hoseld be detach	BE CO	WILLIAM W. BROL	N N					L. JOHN			
y be retained by tage 5 should be be notified at	2	LINDA L. JOHNS	O N	19b. MAILING 1814	n.CO	Street and	Number or Rural NGTON	AVENUE B	ALTIM(ÖRE,MD 2121	. 3
ge 6 may irector, pa		20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE	OF DISPOSIT	AL P	PARK	8 - 2) 20c. LC	RANDAL	or Town, State LSTOWN, MD	
ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	HT A	Ine	22. N		MARC		01 E.	NORTH AVE.	
ed within completely al, cremat event, 1		21. PART Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Phi	on esch line.	hias	1		ch as cardisc Dr resp	Iratory arrest	Approximate interval Betwee Onset and Deat	
cate be executivistician and e prior to bur er traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	AS A CONSEQUENCE O	CO V	eel	,				
the death certifi the attending p Mental Hygien njury, or oth	CERTI	resulting in death) LAST	d								
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal TO THE FUNERAL DIRECTOR: After this certificate has been signed by the att be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: It Item 28 is marked, or Item 23 shows any injury,	AN: MEDICAL	PART II. Other significant condition	a contributing to das	ith but not resulting	In tha und	erlying c	suse given in	Part I. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ANO	S
N: The ficate h State (SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	(Outputlant 2 [] DOS	OTHER:		E OF DEATH (C)				\exists
s PHYSICIA er this certi th with the larked, or	BY PHYSICIAN	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU	JRY 26b, TIN	E OF 2	Sc. INJURY	Y AT	S Other (Specify) 28d, DE\$CRIBE HOW	NJURY OCCUR	ED	
ATTENDINI ECTOR: After s after dea	<u>a</u>	3 Suicide S Could not be detarmined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	street, fector	y, offica		281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,	7
OSPITAL OR JNERAL DIRI Ithin 72 hour INT: If Iten	COMPLET		CIAN: To the best of my I							ruse(a) and manner as stated.	
TO THE H TO THE FI be filed w	TO BE	296. SIGNATURE AND PITLE OF CERTIFIER				29	Oc. LICENSE NU	MBER	29d, DATE SI	GNED (Month, Day, Year) 12-93	
		Poures 12	ETS ~~ .		Print)						
	3	AUG 1 8 1993	32. DEGISTRAR'S	SIGNATURE ASON-Random							

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BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR		ARYLAND / DEPAI CERTIF	RTMENT OF		MENTAL HYGII		3 2404
	1. DECEDENT'S NAME (First, Middle, Le Michael	Α.		Brown			12 19	
9	4. SOCIAL SECURITY NUMBER 215-88-4599	5. SEX 1	6. AGE (In yrs. last birthday) 30 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	(Minneth Day Man	2 V	BIRTHPLACE (State or Foreign I R G I N I A
OR	90. FACILITY NAME (If not institution, git 200 N. Aisqui		-Ant.7-B		imore	DEATH	9c. COUNTY	Y OF OEATH
DIRECTOR	10e. STATE 10b. COU		10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY V LIMITS?
	MARYLAND 100. STREET AND NUMBER	F	BP	LTIMOR	Of. ZIP CODE		10g. CITIZE	Y LIMITS? 1 YES 2 □ N N OF WHAT COUNTRY?
FUNERAL	1821 R. 29 th	STREET	EVER IN U.S. ARMEO	42 MMC O	212	18 PANIC ORIGIN? (Specify	UNIT	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	If yes,		dcen, Puerto Rican, atc.)		I. RACE — American Indian Black, White, etc. Specify: C K
COMPLETED	15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +	(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during in ise retired.)	nost of working		BUSINESS/INDUS	STRY
BE CO	SAMUEL BROWN				GLORI	A TURNER		
2	19a. INFORMANT'S NAME (Type/Print) GLORIA BROWN		196. MAILING 1821			REET BAL		, MD 2121
	20a. METNOD OF DISPOSITION Mariel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE cempterly. Nemetors W			DATE 20c.	LOCATION Cit	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	120		AND ADDRESS OF	FACILITY	101 5	NORTH AV
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	OR AS A CONSEQUENCE OF					
MEDICAL	PART II. Other aignificant condit	lona contributing to	death but not resulting	In the underlyi	ng ceuse given	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATN			
/ PHYSICIAN:	1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, Da	ly, Year) IN	4 Nursing No	NJURY AT YORK? YES 2 NO	26d, DESCRIBE HO		RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not determined	28a. PLACE Of building,	INJURY — At home, ferm, etc. (Specify)	street, factory, of			eet and Number or ate)	Aurel Route Number,
COMPLET			my knowledge, death occur amination end/or investigati					
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	4. King	ms		29c. LICENSE I	NUMBER C.M.E.	29d. DATE S	BIGNED (Month, Day, Year)
K	31. DATE FILED (MONTH, Day, Year)	M. KIN	e of peath (ITEM 27) (Typ 111 F R'S SIGNATURE Davidson Rando	enn St	reet.	Baltimor	e, Mar	yland 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH BEATRICE MONTH 2:28 pm A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yes 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign -14-9818 DAYS 22 22 1 - M 2 F BON SECOURS HOSPITA 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. HIMORE 1 YES 2 NO 740 POP FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 GROVE funeral director, page 5 should be detached for use as the burial-transit USA, be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried FORCES? 1 YES 2 Specify. BY 3 Widowed 4 Divorced AC. K BL COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 8 +) HOME MAKER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) SAMUEL 16 VIOL BOUSER BE notified 19a. INFORMANT'S NAME (Type/Print) 2 HENRYTON RD: MARRIOTTS VILLE, MD. 2 BERNA DETTE pe 20e. METHOD OF DISPOSITION

1 M Buriel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Раде 6 тау DATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place)
KING MEMORIAL PARK 8-18-93 WOODLAWN, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JR, FUNERAL HOME, P. A. ours after death. 1913 W. BALTIMORE STREET: BALTO, MD. 21223 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** acute myocardial infarction the disease or condition resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, death certificate be executed with traumatic CERTIFICATION Sequentielly list conditiona, DUE TO JOB AS A CONSEQUENCE OF Sequentiesy list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST other DUE TO (OR AS A CONSEQUENCE OF): 50 Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the schezophrema any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 0 PHYSICIAN: has be DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h item EXAMINED: HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 XNO 1 - Inpetient 2 - ER/Outpetient 3 - DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 8 Could not be determined DIRECTOR: A COMPLETED 4 Homicide 28 Пеш 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(e) end manner ee stated. THE HOSPITAL C THE FUNERAL D filed within 72 ho Ξ TO THE FUNERA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) end manner as stated. NO TITUREOF CENTIFIES 29d. DATE SIGNEO (Month, Day, BE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AAN MOUNT 4660 W. 2 M09 32. REGISTRAR'S SIGNATURE 8 AUG

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR								
1. DECEDENT'S NAME (First, Middle, Lost) JULIA		E D A	NCH		2. DATE OF MONTH	DEATH DAY	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday	F UNDER 1 YEAR		7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreig
215-12-5472	1 M 2 🛣 F	YRS.	MONTHS DAY	B HOURS MIN.	(Month, D	1899	NO	
9a. FACILITY NAME (If not institution, give			-	N OR LOCATION OF E		9c. C	OUNTY OF	DEATH
ATONSVILLE MAN	OR NURSI	NG HOME	CAT	ONSVILL	E			
10a. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN OR LO	CATION				10d. INSIDE CITY
MD.			ATON.	SVILLE				LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE	,	10g. C	CITIZEN OF	WHAT COUNTRY?
CATONSVILLE A	TANOR N	URSING HO	ME	2/2	28		45	A.
11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARMED		ECENDENT OF HISPA specify Cuban, Mexic			- 14, RAC Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	1 🗆 Y	ES 2 NO Spec	ily:		Soon	city:
15. DECEDENT'S ED			S USUAL OCCUPA		18b. KI	ND OF BUSINESS/	INDUSTRY	AUCA
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	life Do NOT	f work done during use retired.)	most of working				
		UNE	MPLOY	1ED				
17. FATHER'S NAME (First, Middle, Last)						die, Malden Surname	0)	COCT 1
19a. INFORMANT'S NAME (Type/Print)		- I do			NK.N.			
	RISTOL	196. MAILIN	O ADDRESS (Street	et end Number or Rura	-			0 0100
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	E OF DISPOSITION		DATE	20c, LOCATION		D, 2122
1 Burial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from Stata	cemetery, crematory or	other place) -	EMETERY				MARYLAI
21. SIGNATURE OF FUNERAL SERVICE L	Mark College 1		-	AND ADDRESS OF		13211-16	3000	7 11 11 11 11
21. SIGNAC ORGOT POREING SERVICE C	CENSEE	1						
23. PART i. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications th	use on each line.	JOSE 1913 not enter the	PH H. ERO W. LATTIMON mode of dying, su	WN JR. REST. E	ALTO. MD.	21223: srreat,	P.O. BOX 44 Approximate Interval Betw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 24045

200	1. DECEDENT'S NAME (First, Middle, Last) OLIVER RANDALL 1							2. DATE O	of DEATH	199	3 YEAR	3. TIME OF DEATH 4: 50	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YE	AR IF UND	R 24 HRS,	7. DATE C	E BIETH	,	A. BIRT	HPLACE (Stein or Foreign	
	451-05-7218	1 🔀 M 2 🗆 F	86	YRS.	MONTHS DA	WS HOURS	MIN.	(Month,	Day Year)	1906	Da	llas, Texas	
1	9e. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	WN OR LOCAT	TION OF D		,	9c. COU	NTY OF		
DIRECTOR	Keswick Home	-	144		Balti	more (City						
3	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY	
	Maryland			Ва	ltimor	e						LIMITS?	
- 10-	10e. STREET AND NUMBER					101. ZIP CO	DE			10g. CITI	IZEN OF	WHAT COUNTRY?	
	3908 North Char	les Stree	t		21218							U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	MED IO	13. WAS DECENDENT OF HISPANIC Of It yes, specify, Cuben, Mexican, Pt 1 YES 2 NO Specify:				, Puarto Rican, atc.)			14. RACE — American Indien, Black, White, stc. Specify: White	
	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b.	KIND OF BU	SINESS/IND	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 8	life	Do NOT u	work done during se retired.)	g most of won	ung						
	12 years		Ex	ecut	ive				Jew	elry			
	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S N	AME (First, M	liddle, Maider	Surname)			
	Henry Brecht					L	ouise	e Loe:	fler				
1	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (St	reet end Numb	er or Rural	Route Numb	er, City or Tov	vn. State, Zip	Code)		
	Mrs. Beatrice Bre	echt (wi	fe) 3	908	N. Cha	rles	St.	Bal	timor	e, MD	212	218	
	20g, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ref	mount from State	20b.PLACEA	AND DATE	OF DISPOSITIO	N (Name of		DATE	20c. LC	CATION -	City or 1	Town, State	
	4 Donetion 5 Other (Specify)		Sater	s Ch	urch C	emete	ry At	1g. 1	Ba:	ltimo	re,	Maryland	
	21. SIGNATURE OF TUNERAL SERVICE L. Thomas Josep	uph Dozet			Mit	chell.	-Wied	defel				21212	
	IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)	S. OUE TO	O (OR AS A CONSEC	tec	24								
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND C	DEPARTME			MENTAL HYGIEN	E	24040
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Hilda Marie Blyler				Aug. 16	1993	11:15 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	181-07-8057 1 M 2 X F 83	YRS. MONTH		HOURS MIN.		1909 P	enna.
œ	Meridian - Homewood	90. 0		timore	PEATH	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT		Bal	Linore		_	
H.	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCAT	ION			10d. INSIDE CITY LIMITS?
ā	Maryland	Balt	imore				1 X YES 2 NO
Z.	10e. STREET AND NUMBER		101	ZIP CODE			F WHAT COUNTRY?
FUNERAL DIRECTOR	2202 Pelham Avenue			2121			J. S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Ye an, Puerto Rican, atc.) ify:	ACE — American Indian, ack, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ECEDENT'S USUAL	OCCUPATION	ON at all working	16b. KIND OF BU	SINESS/INDUSTRY	
91		e. Do NOT use retire	d.)	at or working			
MP		lomemaker				Own	Home
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles E. Snyder				ame (First, Middle, Melder an Updegra		
TO B					Route Number, City or Tov Baltimore,		213
		AND DATE OF DIS		me of	DATE 20c. LC	CATION — City or	Town, State
		rematory or other pla		tory	8/18 Bal	timore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSHIP			D ADDRESS OF F			
	Eugene Cartin	h	3331	unek ru Brehms	neral Home Lane, Balt	imore. M	d. 21213
	23. PART I. Enter the diseasea, or complications that caused the shock, or hasnt failure. List only one cause on sech lim	lenth. Do not an	tar the mo	da of dying, su	ch as cardiac or resp	iretory srrest,	Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSI	nea					Interval Between Onset and Death
NO	Sequentially list conditions, Due TO (OR AS A CONSI	EQUENCE OF:					
CERTIFICATION	cause. Enter UNDERLYING						İ
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSI	EOUENCE OF):					
E	resulting in desth) LAST						
AL	PART II. Other significant conditions contributing to death but not	resulting in the	underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC					_		1 YES 2 #10
AN	25. WAS CASE REFERRED TO MEDICAL		04 84	ACC OC DEATH O			
<u> </u>	EXAMINER? HOSPITAL:		JER:	ACE OF DEATH (C			
H	1	28b. TIME OF	Nursing Hom 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
100	1 Natural 5 Pending (Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At Pullding site (Specific)	nome, ferm, street,			281. LOCATION (Street	and Number or Run	nl Route Number,
COMPLETED	4 Homicide determined building, atc. (Specify)				City or Town, State)	
片	29e. CERTIFIER (Check only (Ch	Seath occurred at ti	ne time, date	and place, and du	a to the cause(a) and me	nner as stated.	
M	one) 2 MEDICAL EXAMINER: On the basis of examination end/or						e(a) and manner as stated.
	296 BURNATURE AND THEE OF CERTIFIER			29c. LICENSE N	JMBER	29d, DATE SIGN	ED (Month, (Jay, Year)
BE	1881			D38.	897	D 8	17/93
5	30. NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF DEATH (IT			100			
	Dr. Robert Vissing, 4300 N. Char	les St.	Bldg	. 5, Ap	t G, Balti	more, Mo	1.
	31. DATE FILED (Month, Day, Your) AUG 1 8 1993 Julia Deviden Ashplate						

TO THE HOSPITAL OR ATTENDING PHYSICAN. The mount contributed within an outside death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centration is a strengthing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Standard or Health Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOORDS, P.O. BOX 68760,

DIVISION OF VIT

		1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TIMENT OF I	HEALTH AND	MENTAL HYGIE		24041	
		1. DECEDENT'S NAME (First, Middle, Last)	Mary Bauma				2. DATE OF DEATH		3. TIME OF OEATH	
		MARY		MAN	N		NONTH 08	5	93 2104 M	
70		216 10 6450	5. SEX 6. AGE (in yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/1/1916	1	BIRTHPLACE (State or Foreign Country) Pennsylvania	
2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give stre Harbor Hospital			96. СІТУ, ТОЖН С Balti	OR LOCATION OF D	EATH	9c. COUNT	Y OF OEATH	
(A)	DIRECT	100. STATE 100. COUNTY Maryland Anne	Arundel		y, town on Loca 1 timore		klyn Park)	10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
(V)	FUNERAL	100. STREET AND NUMBER 5238 (th State	E.T. 2123	25	10	1. ZIP CODE	5	·	EN OF WHAT COUNTRY?	
5-0020 nding physician as the burial-trai	ВҰ		12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2X IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NNO Specify: White					
use a	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of v	NT'S USUAL OCCUPATION of of work done during most of working					
ND hospiti ached	COMPLE	8th Grade	College (1-4 or 5+)	letire		y Worker	Che	mical (Company	
YLA by the be del	BE CO	17. FATHER'S NAME (First, Middle, Lest) John	Bylen			Kate	AME (First, Middle, Maide	Ву	len	
MAR retained 5 should notified	2	Mrs. Catherine Ma	rv Gates				Route Number, City or R E, Pasade			
Page 6 may be al director, page		20a. METHOD OF DISPOSITION 1 M Burlal 2 ☐ Cremation 3 ☐ Ramov	20b. PLAC	CE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. L	OCATION - CI	ty or Town, Slata	
Page 6 m I director,		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICE	HOIY Kevin	Cross	S Cemete	ry 8/1	9/93 Ba	ltimore	e, Maryland	
SALT r death. re funer al.	- 1	Xa 50.			237	E. Patap	neral Homosco Ave.,	Balto.	., Md. 21225	
60, ed within 24 hours after completely filled in by the Li, cremation, or remov-		IMMEDIATE CAUSE (Finel	Atheroscle DUE TO (OR AS A CON:	ine.					Onset and Death	
P.O. BOX 6870 In certificate be executed ending physician and con Hygiene prior to burial, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF	F):		J			
that the ed by the h and M	MEDICAL	PART II. Other algorificant conditions Chronic	obstructive	t resulting i	diseas	g ceuse given in	Part I. 24a. WAS A PERFC	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN: The law dificate has be state Oept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		7	
Certificate the State	IXSI	1 VES 2 NO	☐ Inpatient 2 ☐ ER/Outpatient	-			8 Other (Specify)			
ING PHYSII filer this ce eath with t	у РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
TTEND TTOR: A after d	TED B	3 Suicide 6 Could not be datarmined	28s. PLACE OF INJURY — Albuilding, atc. (Specify)	homa, farm, a	streel, factory, offic	4	261. LOCATION (Stree City or Town, Stat	t and Number or	Rural Route Number,	
- K E 5 5	OMPLETED		AN: To the best of my knowledge, On the basis of examination and/							
TO THE HOSPITAL OF THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 NO IMPORTANT: If IN	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	~ ~ / m ~			29c. LICENSE NUI			BIONED (Month, Day, Year)	
5 5 3 X	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (Type,	Print)	D146	1/6	18/	16/93	
		31. DATE FILED (Month, Day, Year)	122. REGISTRAR'S SIGNATURE		over St.	Baltina	c (M) 2	1225		
	10	AUG 1 8 1993	Julie Devidon Par	plett						

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	干을	8
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	2	- 24
=	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be one filed within 72 hours after death with the State Debt. of Health and Mental Motiene prior to burial, cremation, or removal.	3

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-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nerming		
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The state of the s	DIREC	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	20 cm 28 is marked or item 23 shows any injury or other traumatic event the medical eventues must be medited at
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	REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN	
	GERALD		E	BUCKNE	R	AUGUST 12		12:45 A M	
		6. SEX 6.		HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11/13/19	8. BIRT	INPLACE (State or Foreign intry) IRYLAND	
	9s. FACILITY NAME (If not institution, give stree	t and number)	9	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF		
DIRECTOR	6432 ELRAY DR., AF	PT. D		BALTI	MORE				
Ä	10s. STATE 10b. COUNTY			OWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
	MARYLAND		BAL'.	TIMORE				1 X YES 2 NO	
ERAL	100. STREET AND NUMBER 6432-D ELRAY DRIVE	Ξ		1	21209		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1: 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO OR DATES	If yes, s	ECENDENT OF HISPAN specify Cuban, Mexica S 2 NO Specify		or No- 14. RAG	RACE — American Indian, Black, Whita, etc.	
	15. DECEDENT'S EDUCAT		WII - ARMY	1				ILLE	
COMPLETED	(Specify only highest grade con	16s. DECEDENT'S US (Give kind of work life. Do NOT use n	done during natired.)	nost of working		SINESS/INDUSTRY			
F.		2 (1-4 or 5 +)	CLOTHING	G CUIT	ER	GARMENT	!		
Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)		
BE (ALEXANDER		BUCKNER		ELSI	E		HACK	
0	19s. INFORMANT'S NAME (Type/Print)	VIED.	19b. MAILING AD	DRESS (Street	and Number or Rural F	noute Number, City or Town	n, State, Zip Code)		
	MRS. FLORENCE BUCK					BALTIMORE			
	20a. METNOO OF DISPOSITION 1A. Burisl 2 Cremetion 3 Remova	I from Stats	20b. PLACE AND DATE OF I cemetery, cremetory or other ARL INGTO	place)	Vame of	OATE 20c. LO	CATION — City or 1	own, State	
	4 Donation 5 Other (Specify)	QFF.	ARLINGTO	7			BALTIMO	RE, MD	
	· lay Mau	Luis		SOL	LEVINSON	& BROS., I		4D. 21.215	
CERTIFICATION	22 PAID I. Emer the diseases, or commence, or heart feliure. List immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	é. dC	Ebu	elset	de	Approximate Interval Between Onset and Death DM	
띩	d								
MEDICAL	PART II. Other significant conditions of	contributing to de	th but not resulting in t	he underlyk	ng ceuse given in	AUTOPSY 24 MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL.			26. 1	PLACE OF DEATH (Che	ock only one)			
Sic		OSPITAL:		THER:	me 5 - Rasidence				
BY PHYSICIAN:	27. WANNER OF OEATH Netural 5 Pending	28a. DATE OF INJ (Month, Day,)	URY 28b. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCURED		
	3 Suicide 6 Could not be determined	28s. PLACE OF IN building, stc.	JURY — At home, farm, stree (Specify)	et, fectory, offi	Ca	28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED			knowledge, death occurred a					s) and manner as stated.	
TO BE	296. SUBSECTURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CHILD	P DEATH (TEN 40 /hrs 0:	から	29c. LICENSE NUM	1607	≥ g	0 (Morth, Dey, Vear)	
			Inpo, Ph	"/			-		
12	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
11.3	AUG 1 8 1993	1.0 K	idan Randall						

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BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

216 30 5141 1	10:41 AM B. BIRTHPLACE (State or Foreign Country) Pennsylvania COUNTRY OF GEATH na 10d. INSIDE CITY LIMITS?
GEORGE CLEMMANS COMER 4. SOCIAL SECURITY NUMBER 5. SEX A. AGE (In yrs. last birthday) 9. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland 107. COMER 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6-17-1934 Pen 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF (COUNTY) 106. CITY, TOWN OR LOCATION Baltimore	10:41 AM B. BIRTHPLACE (State or Foreign Country) Pennsylvania COUNTRY OF GEATH na 10d. INSIDE CITY LIMITS?
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 90. AGE (In yrs. last birthday) 1	a. BHTHPLACE (State or Foreign Country) 4 Pennsylvania COUNTY OF GEATH na 10d. INSIDE CITY LIMITS?
216 30 5141 1	4 Pennsylvania county of OEATH na 10d. INSIDE CITY LIMITS?
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 100. COUNTY OF C 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION	n a 10d. INSIDE CITY LIMITS?
	10d. INSIDE CITY LIMITS?
	LIMITS?
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF	1 YES 2 NO
Chartest Assessed	CITIZEN OF WHAT COUNTRY?
3524 Chestnut Avenue 21211	USA
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RAC 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RAC Blac H yes, specify Cuban, Mexican, Puerto Rican, etc.)	
> Wildowsd 4 Dhamad IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spec	Specify:
	White
15. OECEDENT'S EDUCATION (Specify only highest grade completed) (Ohe kind of work done during most of working life. D. NOT use retiried.) (The kind of work done during most of working life. D. NOT use retiried.)	INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+) 12 Construct	rugtion
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1 2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnama)	TUCCTOIL
19a INFORMANT'S NAME /Kma/Driest	na)
Susan Slowikowski 28 Township Road, Dundalk, MD 2122	iadden
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	na) (adden a, Zip Code)
LANGUE LANGUE OF MILE OF MISCORI DATE OF LANGUE na) iadden a, Zip Code) 21222	
1 Burlet 2 Cremation 3 Ramoval from State cemetery, crematory or other place)	na) (adden a, Zip Code)
1 ⊔ Burlel 2 ⊔ Cremetion 3 ⊔ Removal from State cemetery, crematory or other place)	na) i.a.d.d.e.n a, Zip Code) 2 1 2 2 2
1 Usurial 2 Cremation 3 Ramoval from State cemetery, crematory or other place)	na) iadden a, Zip Code) 21222 N - City or Town, State Anatomy Board
Donald Selvice Ucenter of Community of Other (Specify) Donald Selvice Ucenter Ronald Wade, Direct Name and Address of Facility State Anato 655W.BaltimoreSt,Balto,MD	na) iadden a Zip Code) 21222 N - City or Town, State Anatomy Board D, MD 21201
Donastic 2 Cremation 3 Ramoval from State Constitution 2 Other (Specify) Constitution Control of the (Specify)	iadden 2 1222 N - City or Town, State Anatomy Board D, MD 21201 rerrest, Approximate interval Between
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Donation 1 Other (Specify) The Burial 2 Committee and Control of	Anatomy Board o, XIP Code) 21222 N - City or Town, Stata Anatomy Board o, MD 21201 r arrest, Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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Donates 2 Creation 3 Removal from State Donates Other (Specify)	Anatomy Board O, MD 21201 Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DOUBLE TO (OR AS A CONSCOUENCE OF): Committed Com	Anatomy Board O, MD 21201 Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify)	Anatomy Board O, MD 21201 PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify) Comparison Control (Specify)	Anatomy Board O, MD 21201 PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
DOUGLE CAUSE (Fine) Sequentially list conditions resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Anatomy Board O, MD 21201 Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DOUGLE CAUSE (Fine) Sequentially list conditions resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Anatomy Board O, MD 21201 arrest, Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Competent Committee Competent Comp	Anatomy Board O, MD 21201 arrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED To the cause(s) and manner as stated.
Commetter, Commetter	Anatomy Board O, MD 21201 arrest, Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The pure of the place Consistent Consi	Anatomy Board O, MD 21201 arrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED To the cause(s) and manner as stated.
The part of Crementon 3 Removal from State Consider, Cremetory or other place)	Anatomy Board O, MD 21201 Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DATE SIGNED (Month, Day, Year)
The pure of the place Consistent Consi	Anatomy Board O, MD 21201 Approximate interval Between Onset and Death PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DATE SIGNED (Month, Day, Year)

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detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8		To
5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	notified
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	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ROBERT COVEY	SR.				MONTH DA	de de	325 A.
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0 75	TNPLACE (State or Foreign
	20/4-20-2673 1/X M 2			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)
.)	204-20-2073		Tho.			Jan. 18, 2	.8 P	ennsylvania
	9a. FACILITY NAME (If not institution, give street and nur			9b. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COUNTY OF	OEATH
0	Francis Scott Key Med	lical Cen	ter	Bal	timore		Balto	. City
5	RESIDENCE OF DECEDENT							
뿐	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
Ճ	Maryland Baltimor	e		Rand	allstown			1 YES 2 K ND
AL	10a. STREET AND NUMBER			1	H. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	3708 Downey Dale Driv	'A			21133		U.S	Δ
3		ECEDENT EVER IN (LS ARMEO	13 WAS OF		VIC ORIGIN? (Specify Yes		CE - American Indian,
正	1 Never Married 2 X Married FORCE	S? 1 YES	2 K NO	If yes, s	pecify Cuben, Mexica	n, Puarto Rican, etc.)	Bit	ack, White, atc.
BY	3 Wildowed 4 Divorced	, GIVE WAR OR OAT	ES	1 TYE	S 2 PNO Specifi	γ:	ecity:	
	15. DECEDENT'S EDUCATION		ISa. OECEDENT'S L	IRLIAL COCURAT	1011		White	
	(Specify only highest grade completed)		(Give kind of w	ork done during n retired.)	ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
ا چ		I-4 or 5 +)		The same of the sa		n 1 n	1	
Σ	12 Years		kegiona.	Sales	Manager			Paper Product
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)	
BE	George R	oland	Covey			aisey Wat	son	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIND	ADDRESS (Street	and Number or Rural i	Route Number, City or Town	n, State, Zip Code)	
۲Į	Mrs. Kathleen P. Cove	V	3708 1	ownev	Dale Driv	e Randall	stown.	MD 21133
	20a. METNOO OF DISPOSITION	20h 0	LACE AND OATE OF				CATION — City or	
- 1	1 September 2 Cremation 3 Removal from S	tate cemet	ery, crematory or oth rds Char	er place)	o to come	1		
	21. SIDNATURE OF, FUNERAL SERVICE LICENSEE	Wa	rus chap			8/19 Ran	dalisto	wn, MD
	The side of Forence Service Licensee		V -	Lorin	ND ADORESS OF FA	uneral Dir	ectors.	Inc.
	elephan M	tens	us					n, MD 21133
	23. PART I. Enter the diseases, or complication	ons that caused t	tha death. Do no					
	enock, or naert failure. Liet only o	ne ceuse on eac	h line.		ode of dying, soc	ir as cardiec or respir	atory arrest,	Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition	4						Onset and Death
	resulting in death)	eculsoti						
		DUE TO (DR AS A C	,					
Z	Securedally the condition	riphera	I vase	ulay	disea	se		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEDUENCE DF)	:		se smelliti		
3	CAUSE (Disease or injury	Sulii o	levenel	ant (Trabete.	s mellet	10	
	that initiated events	DUE TO (OR AS A C	ONSEQUENCE DE	:	2000			
듄	resulting in death) LAST							
ᄬ								
الج	PART II. Other eignificant conditions contribu					Part I. 24s, WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS
DICAL	End . Stage news	l disea	se 20	deads	ites	1 TYES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	0					T TES 2	ANO	OF DEATH?
2								1 TES 2 ND
A I	25. WAS CASE REFERRED TO MEDICAL							
ᅙᅵ	EXAMINER? HOSPIT	AL:		28. F OTHER:	LACE DF OEATN (Ch	eck only one)		
PHYSICIAN: ME		ent 2 🗆 ER/Outpeti	lent 3 🗆 DOA	Nursing Ho	ne 5 🗆 Residence	8 Other (Specify)		
H	_ (Month, Day, Year)	28b. TIME INJU		JURY AT ORK?	28d. DESCRIBE NOW IN	JURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 ND			
	3 Suicide a Coultante 28a. F	LACE OF INJURY -	At home, term, st	reet, factory, offi		281. LOCATION (Street as	nd Number or Rure	l Route Number,
<u> </u>	4 Homicide determined	uilding, etc. (Specify,)			City or Town, State)		
Ш	29a. CERTIFIER							
COMPLETED	(Check only 1 DEHTIFTING PHYSICIAN: To the							
ō I	2 MEDICAL EXAMINER: On the be	ela of examination a	ind/or investigation	, in my opinion,	death occured at the	time, date and place, and	due to the cause	(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Day, Year)
B	Lux House	CD	W)		NOGE	70	b g/	11 103
2	30. NAME AND AODRESS OF PERSON WHO COMPLET	ED CAUSE DE DEAT	H (ITEM 27) (Sec. 1	Print	11)286	2/9	8/1	6/45.
	S'. 00 0	. I	in the second of	inn)		(
	JUSan M. Triedy	nan, U		18hus	Hopkins	beriatr	ic (fr	5505
1	AUG 1 8 1993	GISTRAR'S SIGNAT	URE AND		Hopkins	e Rayvic	w are	le Bab MD
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1 - STATE REGISTRAR	2	SIAIE UF N		CERTIF			DEAT		MEN IAI	REG. N			
1. DECEDENT'S NAME (First, Midd	dle, Last)			92.11111	IOAIL	- 01	DLAI	-	2. DATE	OF DEATH	Ю.		3. TIME OF DEATH
LOTTIE N	MAE		DODG	7777				-	MONTI		DAY	YEAR	
4. SOCIAL SECURITY NUMBER		SEX	DORS	lest birthday)	IF UNDER	+ VEAR	IF UNDER 2	24 LADR	0.8	OF BIRTH	19	93	HPLACE (State or Foreign
216-14-1291		□ M 2 TyF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Montt	, Day, Year)		Count	try)
9a. FACILITY NAME (If not institution		21	88	THO.					04	06	05		RYLAND
3009 GARRIS	SON B	,	ARD				MOR1		ATH		9c. C	OUNTY OF E	DEATH
RESIDENCE OF DECEDE	L COUNTY			10c CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
MARYLAND						TIM							LIMITS?
10e. STREET AND NUMBER					DAI	_	ZIP CODE		-	_	100 (CITIZEN OF	WHAT COUNTRY?
3009 GARRI	ISON BI	LVD.						216					USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	fed	WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2	ZNO		If yes, spe	ENDENT OF selfy Cuban 2 XNO	, Maxica	n, Puerto I		Yea or No-	- 14. RAC Blac Spec	E — American Indian, ok, White, atc.
	T'S EDUCATION		16a	. DECEDENT'S	USUAL O	CCUPATIO	N	-	16b.	KIND OF I	JUSINESS	INDUSTRY	WILLE
(Specify only higher Elementary/Secondary (0-12)		pieted) ollege (1-4 or 5 d	+)	(Give kind of life. Do NOT u	se retired.)	during mos	at of working	2		C	LERI	CAT.	
17. FATHER'S NAME (First, Middle,	Last)			- LIOILE			18. MOTH	ER'S NAI	ME (First, I	Aiddle, Maid			
LOUIS R	ROTH									DITC			
19a. INFORMANT'S NAME (Type/Pr				19b. MAILING	ADDRESS	S (Street a	nd Number					Zip Code)	
MARY ROTH													AND 21084
204. METHOD OF DISPOSITION			20b. PLA	CEANDDATE				, 01	DAT			— City or To	
1 Donation S Other (Spec		from State	cemetery	DON P	her place)	TEME	reby	8/	18/93				MARYLAND
21. SIONATURE OF FUNERAL SER		EE 33		DON 11			D ADDRES			DES	LILLE	OILE,	I IANT LAND
16/1	0.	1 1	+	1	Α.	ALA	AN SE	ITZ.	JR.	FUN	ERAL	HOME	21211
23. PART I. Enter the diseas	Car	(Life	en	10	38	318 I	ROLAN	D AT	ENUE	E, BA	LTIM	ORE, I	MARYLAND
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	ISEOUENCE O	F):	4	uri	حي					
PART II. Other aignificant co	onditions co	ontributing to	death but n	ot resulting	In the un	derlying	cause gi	lven in	Part I.		AN AUTOP:	SY 246	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									_	1 YES	2 🗌 NO		OF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER?						26. PL	ACE OF DE	ATH (Chi	ick only on	•)			
1 YES 2 NO		OSPITAL:	ER/Outpatien	1 3 DOA	OTHER 4 - Num	R: sing Home	5-X Rec	Idenca	S 🗆 Othe	(Specify)			
27. MANNER OF DEATH		28a. DATE OF	INJURY	2Sb. TIM	E OF	28c. INJI				CBIBE HO	W INJURY	OCCURED	
1 Netural 5 Pendi	ling Higation	Fara 1	16A3	UA	JURY	1 🗌 Y		NO	SU	nier	A-60	Ildo	UN Steps
2 Accident invest		28e. PLACE O	F INJURY - A	I home, farm,	street, fact	lory, office			29f. LOC	ATION (Stre	et and Num	ber or Rural	Route Number,
		bullaina.	etc. (Specify)	Ita	ME				Uny	Town St	10)	c	. 01 0
4 Homicide determ	mined								500	1 (-1	+F-C		/Blv()
An apprint	mined		my knowledae	, death occurr	ed at the t	ime, date	and place	and due	to the cau	and and	+1-1-	BON.	BIN()
29a. CERTIFIER 1 CERTIFYIN	mined	: To the best of							to the cau		nanner as		s) and manner as stated.
29a. CERTIFIER 1 CERTIFYIN	mined NG PHYSICIAN EXAMINER: O	: To the best of					29c. LICE	d at the	to the cau		nanner as and due to	o the cause((b) and manner as stated. (c) (Month, Day, Year) - 1993
29a. CERTIFIER (Check only one) 1 CERTIFYIN 2 MEDICAL E	MINER OF	: To the best of an the bests of a	SE OF DEATH	(ITEM 27) (Type	on, in my o	opinion, de	29c. LICEF	NSE NUM	to the cautime, data	and place,	nanner as and due to	o the cause((Month, Day, Year) - 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phose filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

GEORGE HOWARD SERVING HOUSE ALONG DELASHMUTT 1. SUBJECT FORM IN 1. STATE OF DEATH 2.19 ALONG THE PART IN 1. STATE OF	1 - STATE REGISTRAR		CE		ICATE OF	DEATH	WENTE	REG. NO			
\$ SECULTY NAME OF A CASE OF THE STATE AND A CONTROL OF A STATE OF A CONTROL OF A CO	1. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DEATH
219-18-6268 XW 2 68 YM MORPHOR MAIN MORPHOR MAIN	GEORGE Ho	ward			DeLASH	TTUN	08	15	199	3 YEAR	12:10A
Secondary of Death Secondary Secondary Secondary Secondary of Death Secondary							7. DATE OF	F BIRTH 03-1	925	Count	ry)
Sec. STREE No. COUNTY Sec. COUNTY Sec. COUNTY Sec. In Sec. Sec. No. COUNTY Sec. No. Coun	3801 FAIRHAVE		APT. B						9c. COU		
18. SALO PAIRLY DESCRIPTION TO MEDICAL COPERATE IN LANGUAGE OF PAIRLY BANK OF PAI	10a. STATE 10b. COUN	ΤΥ									LIMITS?
3801 Fairhaven Avenue; Apt. B 11. MART LETTING 11. MART LETTING 12. MART LETTING 13. MAR DECEMBERT OF INSPARCE CONDITION (Page 3) MART LETTING AND CONCEST 11/19/18/3 L MART LETTING AND CONCEST 11/19/18/3 L MART LETTING AND CONCEST 11/19/18/3 L MART LETTING AND CONCEST 11/19/18/3 L MART LETTING AND CONCEST 11/19/18/3 L MART LETTING AND CONCEST 11/19/3 L MART LE				Ba							
Types peeding and period Process Types		en Avenu	ie; Apt	. в	11						
The Decident's Education The Decident's Bullack Course and whething The State of the State	. C			an, Puerto Ric		Blec	k, While, etc. ify:				
Control or My April past conditions Control or desired print of eaching most of eaching post of eaching po	15. DECEDENT'S ED	UCATION	16e DEC	FDENT'S	USUAL OCCUPAT	ION	Tach H	(IND OF BIL	CINECC/INF	HICTOY	white
17. FATER'S NAME (First, Mode, Laid) RODERTS (INSEE MASS, Mode, Mode, Controll) RODERTS (I I VI I) Delashmutt, Sr. INS. MALINO ADDRESS (Sinest and Munice of Park Dala Malino Address) RODERTS (I I) Delashmutt, Jr. 177 Roland Road; Riveria Beach, Md. 21122 20s. METHOD OF 1987-000 (First Size) Park Size; 20 (Size) 20s. METHOD OF 1987-000 (First Size)	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(Giv	ne kind of a Do NOT us	work done during m se retired.)		D	elas	hmut		Bros.
Robert Irvin Delashmutt, Sr. 196. MANUAGE ROBERS (Stores and Number of Real Ross Numbers). Divers 1 Section (Property) 196. MANUAGE ROBERS (Stores and Number of Real Ross Numbers). Divers 1 Section (Property). 1 To Real Robert I. Delashmutt, Jr. 177 Rolland Road; Riveria Beach, Md. 21122 296. MATCH ROBERT II. Delashmutt, Jr. 177 Rolland Road; Riveria Beach, Md. 21122 296. MATCH ROBERT II. Delashmutt, Jr. 177 Rolland Road; Riveria Beach, Md. 21122 296. MATCH ROBERT II. Delashmutt, Jr. 177 Rolland Road; Riveria Beach, Md. 21122 296. MATCH ROBERT II. Delashmutt, Jr. 197 Rolland Road; Riveria Beach, Md. 21122 296. MATCH ROBERT II. Delashmutt, Jr. 197 Rolland Road; Riveria Beach, Md. 21122 297. MANUAGE ROBERT II. Delashmutt, Jr. 197 Rolland Road; Riveria Beach, Md. 21122 298. MANUAGE ROBERT II. Delashmutt, Jr. 197 Rolland Road; Riveria Beach, Md. 21122 299. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Intervall Batween Robert, Part II. 197 Robert III. 197 Ro				Lum	001	18 MOTNER'S N					
Robert I. Delashmutt, Jr. 177 Roland Road; Riveria Beach, Md. 21122 20. BETWOO OF SIGNOSTION 11 Bardrid 12 Ceremetion 3 Removal from State 20. DOR. PLACE AND DATE 20. LOCATION — City or Town, State 20. Doration 20. Date 20. DATE 20. LOCATION — City or Town, State 20. Doration 20. Date 20. DATE 20. LOCATION — City or Town, State 20. Doration 20. Date 20. DATE 20. LOCATION — City or Town, State 20. Date	Robert Irvin	Delashmu				Maud	e Eli	zabe	th F		edy
1 Onterior 2 Chromator 3 Removal from State Metro Crematory, Inc.8-17-93 Catonsville, Md.		lashmutt									id.21122
A Constitution of Chief (Specify) 21. SIGNAYOTH OF FINERAL SERVICE UCENSES James F. Hackman, Jr. 22. NAME AND ADDRESS OF FACILITY MCCUITY Funeral Home 237 E. Patapsco Ave.; Balto., Md.212. 23. PART L. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Batween Conset and Death Approximate Interval Batween Conset and Death Approximate Interval Batween Conset and Death Approximate Interval Batween Conset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE	20a. METHOD OF DISPOSITION					leme of	DATE	20c. LO	CATION —	City or To	own, State
22. NAME AND ADDRESS OF FACILITY MCCUITY Funeral Home 237 E. Patapsco Ave.; Balto., Md. 217 23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, inches shock, pr heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, inches and beat diseases or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, isselfing to immediate cause. Enter NIDERLYING CAUSE (Disease or injury that inhibited events resulting in onesh) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. 28. PLACE OF DEATH (Check only one) 29. NAME OF DEATH 1 Sequentielly plant or injury in present the superior of complete the superio		moval from State	Metr	netory or o	ther place)	cv. Inc	8-17	93	Cato	net	rille.Md.
INMEDIATE CAUSE (Fine) INMEDI	Theres of	Hacla	97.		22. NAME /	IND ADDRESS OF F	ACILITY M	lcCu1	1y E	Tune	ral Home
That initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIDING AMULABLE PRION TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? (VES 2 NO 1 VES 2 NO 25. PLACE OF INJURY AT 26. INJURY	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQ	UENCE O	F):	214 6910	y 13-00	-	VL	SE DO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? \[\frac{1}{\text{VES 2}} \] NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? \[\frac{1}{\text{VES 2}} \] NO 26. PLACE OF DEATH (Check only one) TOTHER: 1 Inpetient 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 280. DEC OF INJURY M 1 VES 2 NO 280. LICENSE NUMBER 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 280. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. ECRIFFIER (Check only one) 283. PLACE OF INJURY — At home, farm, street, factory, office 284. LOCATION (Street and Number or Rural Route Number, City or Town, State) 285. SIGNATURE AND TITLE OF CERTIFIER 286. LICENSE NUMBER O . C . M . E . 287. LICENSE NUMBER O . C . M . E . 289. DATE SIGNED (Month, Day, Vear) 1 VES 2 NO 290. C . M . E . 290. SIGNATURE AND TITLE OF CERTIFIER 291. DATE FILED (Month, Day, Vear) 1 Penn Street , Baltimore , Maryland 21201 31. DATE FILED (Month, Day, Vear) 32. REGISTRARYS SIGNATURE	that initiated events	DUE TO	OR AS A CONSECU	UENCE O	f):						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YEY YES 2 NO 27. MANNER OF DEATH	ne contributing to	death but not re	eaulting	in the underlyle	ng ceuse given in		PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
EXAMINER? YES 2 NO	AS MAC CARE DESERVED TO MEDICAL							,	C (10		
1 Impattent 2 Et/Outpattent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only one)		-		
2 Accident 3 Suicide 4 Homicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office 27 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	IE OF 28c, IN	JURY AT ORK?			INJURY OC	CURED	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRETS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The person of the cause(e) and manner as stated. 29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) > 0 8 / 15 / 19 9 3 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE Of building,	F INJURY — At hometc. (Specify)	ne, farm, :						or Aural	Route Number,
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	29e. CERTIFIER (Check only										a) and manner as state.
J. WROW W 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			2			29c. LICENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Year)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	30. NAME AND ADDRESS OF PERSON W					, Balt	imore	, Ma	ryla	and	21201
AUG 1 8 1993 Fiche Deviden Rendett		32. REGISTRA	R'S SIGNATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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d. 11		PIT	ER

TO BE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CLARENCE	FICATE OF	DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY YE 0.8 1.2 9.1			3. TIME OF DEA					
	LEROY 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	DITZEI	IF UNDER 24 HRS.	7. DATE OF BIRTH	12	9.3	1:04				
	216-12-0147	1X M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1922	Countr	Country) Maryland				
R	9a. FACILITY NAME (If not institution, give s 1252 WALKER A				OR LOCATION OF D		9c. COUI	NTY OF D					
5	1252 WALKER AVENUE BALTIMORE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Baltimore City												
SIR	Maryland			Baltimor					10d. INSIDE CITY LIMITS? 1 X YES 2				
AL C	10e. STREET AND NUMBER				Of. ZIP CODE	41	10g. CITI	ZEN OF V	OF WHAT COUNTRY?				
ER	1252 Walker Aver	nue			2123	9		U.S	S.A.				
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	if yea, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fly:	Yes or No—	14. RACE — American Ind Black, Whita, atc. Specify: White						
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT	S USUAL OCCUPAT work done during m	ION	16b. KIND OF I	BUSINESS/IND	USTRY	WHILEC				
COMPLETED	Elementary/Secondary (0-12) 10 years	College (1-4 or 5+)	life. Do NOT	ape Engi		Medical							
-	17. FATHER'S NAME (First, Middle, Last) Clarence Leroy	Ditzel			18. MOTHER'S NAME (First, Middle, Melden Surname) Wilhelmina Benzer								
BE	19a. INFORMANT'S NAME (Type/Print)	DICZEL	19b. MAILIN	G ADDRESS (Street	Wilhelmina Benzer (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Leroy Ditzel								239				
	Leroy Ditzel 1252 Walker Ave. Baltimore, Maryland 21239 20s. METHOD OF DISPOSITION W Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetory of other place) Moreland Memorial Park 8-16 Baltimore, Maryl												
				22. NAME /	AND ADDRESS OF FA		York		Balto. 21212				
CATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS											
MEDICAL	PART II. Other algnificent condition	na contributing to death	ng ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO Headarly			WERE AUTOPSY I AMAILABLE PRIOF COMPLETION OF OF DEATH?						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1-1/2 YES 2 \(\text{NO} \) NO	HOSPITAL:	PLACE OF DEATH (C	heck only one)	8								
Ε̈́	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	ME OF 28c. IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED								
	1 Natural S Pending 2 Accident Investigation	08/12/9	NOWIL 1□	ORK?	SUBJECT SHOT SELF								
	Accident	28e. PLACE OF INJUR	Y - At home form	street factory offi	Ice	281. LOCATION (Street and Number or Rural Route Nu. City or Town, State) 1252 WALKER AVENUE			Route Number,				
COMPLETED BY PH	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spi	HOM			1252 WA	LKER	AVE					

Penn Street,

Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

THEODORE M. K. N.G. 11.1 Pann C.

31. DATE FILED (Month, Day, Year)

REGISTRAR'S SIGNATURE

THEODORE M.
31. DATE FILED (Month, Day, Year)
AUG 1 8 1993

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 TYES 2 X NO

14. RACE — American Indian, Black, White, etc.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?

1 YES 2 NO

8/14/93

Approximata Interval Between **Onset and Death**

9:18 A.M

County

BALTIMORE, MARYLAND 21215-0020 HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moirs after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

													•))	6	400	
	FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMEN	T OF H	EALTH DE A	AND M	IENTA	L HYGIEN	E				
	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, List) Mary J. DePoitiers DEPOITIERS 2. DATE OF DEATH MONTH DAY 3 14										_		2.71	ME OF DEA			
		oiti	ers	Enc				MONT	H D/	1	993	3. 10					
	4. SOCIAL SECURITY NUMBER	5. SEX			J I I I					3	14				9:18		
	212-05-9952					MONTHS	R 1 YEAR	HOURS	R 24 HRS.	(Monti	OF BIRTN h, Day, Year)	8. BIRTNPLACE (State Country)			E (State or F		
			1 🗌 M 2 💢 F		76	YRS.					De	2.29,1	916	De	1aw	are	
- 1	9a. FACILITY NAME (If not in	nstitution, give a	treet and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF DEA	TN			JNTY OF I	DEATH		
DIRECTOR	Franklin S	Square		Baltimore							Bal	cim	or	e Col			
Ä	10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN	OR LOCAT	ION						10d.	INSIDE CIT	
듬	Maryland Baltimore							Ba1	timo:	re			LIMITS?				
اب	10e. STREET AND NUMBER								. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?				
2	4109 Klaus									log. Cit							
빌		smier i								21236				U.S	.A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER I								17 (Specify Yes	or No-	14. RACE — American In Black, White, etc.		merican Ind	
BY	1 Never Married 2 3 November 1 Divo		IF YES, GIVE V						yes, specify Cuban, Mexican, Puarto YES 2XXNO Specify:			nto rirean, etc.)			Specify:		
	3VVincount 4 Direc	, C-00											Whit			hite	
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				16a. DE	CEDENT'S	USUAL C	OCCUPATION ne during most of working			16b	KIND OF BUS	SINESS/IN	DUSTRY			
	Elementary/Secondary (0	College (1-4 or 5+)			life. Do NOT use retired.)			St Or WORK	'Y								
린	N/A	N/A			Seamstress						Sewing Com			anv			
COMPLETED	17. FATHER'S NAME (First, M				000	18. MOT	HER'S NAM	Middle, Maiden									
	Corado Azzaro					Carmel1											
B	19a. INFORMANT'S NAME (Type/Print)					- 01.40220											
2	195. WHERE A POPULES (Street and Number of Rural Product Ruration, City of You're, State, Zip Code)																
								9 Klausmier Road, Baltimore, MD 21236									
	1 N Burial 2 Cremation 3 Removal from State cemete					PLACE AND DATE of DISPOSITION (Name of after), prematory or other place) arkwood Cemetery 8/16 Baltimore, Maryla:										217	
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY						TY					
	(Grabol Rules					Schimunek Funeral Home 9705 Belair Road, Balt											
	23. PART I. Enter the di	iseasès or d	complications tha	t cause	the de	ath. Do n	ot ente	r tha mo	de of dy	lna, such	as cerd	lac or respi	ratory ar	rest.		Approxim	
	snock, or n	ch line	ne.										Interval B				
1	IMMEDIATE CAUSE (Fir disease or condition		_										Onset an				
	resulting in death)	torj	ory Failure posseouence of:														
1																	
Z	Sequentially list conditi	lone T	a Carc	inor	na c	of L	ung										
Ĕ	if any, leading to imme-	diate	DUE TO	(OR AS /	CONSEC	DUENCE OF	F):										
3	cause. Enter UNDERLY! CAUSE (Disease or Inju		C														
	that initiated events		DUE TO	(OR AS	CONSEC	DUENCE OF	F):										
CERTIFICATION	resulting in death) LAS		d														
2	0407 11 011 1 111		100000000000000000000000000000000000000														
A	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Anterior N.I CHF, COPD 244. WAS AI PERFO																
용	Ante	, (COPD					_ 1	1 TYES 2			AWAILABLE PRIOR COMPLETION OF					
ij.												DF DEATH?					
-	1 1 165												163 2				
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)																
<u></u>	EXAMINER?	- mantorth	HOSPITAL:				OTHE		AUE OF D	EATH (Chec	k only on	0)					
YS	1 YES 2 NO		28s. DATE OF		patient 3		4 🗆 Nu	rsing Hom	_	sidence 8	☐ Othe	r (Specify)					
표	27. MANNER OF DEATH 1 Netural 5		28b. TIME OF 28c. INJURY AT WORK?					28d. DES	CRIBE NOW II	NJURY OC	CURED						
BY PHYSICIAN: MEDICAL	2 Accident	Pending Investigation				- 111	М	1 🗆 1	'ES 2 [NO							
	- prog		00- BLACE C	F													

HOSPITAL: ↑

| Minpetiant 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 🗌 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 ___ MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Maria delos Angelis 9000 Franklin Square Drive Baltimore 21237

1666

31. DATE FILED (Month, Day, Year) 8 1993

BE COMPLETED

2

32. REGISTRAR'S SIGNATURE

N

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		ALC: N	JF # 77		2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH	
	PHILLIP BENEDI					August 17	199		01:05	
	4. SOCIAL SECURITY NUMBER 213-58-4781	1 X M 2 □ F	GE (In yrs. last birth 39 VI	RS. IF UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year) Sept. 23,		Country) Mary	ace (State or Forek	
œ	Sa. FACILITY NAME (If not institution, give	1000		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNT			
2	Greater Baltimor	e Medical C	enter		Towson	on Baltimore				
DIRECTOR	10a. STATE 10b. COUNT	timore	100	CITY, TOWN OR LO	OCATION				INSIDE CITY LIMITS? YES 2 N	
	100. STREET AND NUMBER 4906 Ridge Roa	d			101. ZIP CODE 21.23	7 10g. CITIZEN OF				
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	ES 2 X NO	If yes	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 X NO Specific		e or No- 1	Black, W Specify:	American Indian, white, etc.	
2	15. DECEDENT'S ED		16a. DECEDE	NT'S USUAL OCCUP	PATION	16b, KIND OF BU	ISINESS/INDU		WIIICC	
	(Specify only highest grad	College (1-4 or 5+) 1 year		nd of work done during NOT use retired.) Ce Write:	r/Assistan	t Manager	Aut	co		
COMPL	17. FATHER'S NAME (First, Middle, Last)	AME (First, Middle, Maiden								
BE (Benny Charles	DeFatta				Veronica				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								227	
	Benny C. DeFatta			06 Ridge		timore, Ma			.237	
	1 🗆 Burial 2 💢 Cremation 3 🗆 Rar	. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of cometery, cremation; or other place								
		Burlai 2 N Cremation 3 Ramoval from State Commettery, crematory or other place								
	George J.	Ferrarse				defeld Hom		т. ва	21212	
	disease or condition resulting in death)	. ACQUIRE			CIENCE S	- chonome			1	
TIFICATION		bDUE TO (OR A	AS A CONSEQUEN	CE OF):	CIENCE S	monans				
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significent conditions resulting in death) PART II. Other significent conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A lines contributing to deet LUS NFECT & RENAL FAIL 1 Inpatient 2 ERK 28a. DATE OF INJUI 28a. PLACE OF INJUI 28a. PLACE OF INJUI 28a. PLACE OF INJUI 28a. PLACE OF INJUI	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): ting in the under APES SIMM OTHER: A Unusing NOA 4 Nursing NOA 128c NUMBER OF 1800 NUM	iying ceuse given in INCOX NFE OF IS. PLACE OF DEATH (C Home 5 Rasidence INJURY AT WORK? YES 2 NO	Part i. 24a. WAS AN PERPO 1 YES:	RMED? 2 A NO INJURY OCCU	AV CC OF 1	ERE AUTOPSY FIN ALLABLE PRIOR TI ALLABLE PRIOR TI FOR THE PRIOR TI FOR THE PRIOR TO THE PRIOR TH	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer certificate has been signed by the attending physician and organization to buriat, cremation, or removal.

		REGISTRAR		CERT	IFICATE C	T DEALD	REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)				- DEMIN	2. DATE OF DEATH		3. TIME OF DEATH		
	ľ	JENNIE DA	eluca				August -		73 1/9 M		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthde	ly) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
- }		220-14-1263	1 🗆 M 2 🕏 F	69 YRS	MONTHS DA		(Month, Day, Year)	3	Country) Maryland		
		9e. FACILITY NAME (If not institution, give a			9h CITY TO	/N OR LOCATION OF DE		_	Y OF DEATH		
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action	5			77700	100	7500,0	CARY GIANCE	W/4	17/more		
ü	뷘	10e. STATE 10b. COUNT		10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
			ltimore		Parl	kville		1 YES 2			
1	₹∥	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
) A GUNI		8416 Nunley Dri	.ve			21234			U.S.A.		
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED		DECENDENT OF HISPAN specify Cuben, Mexica	IIC ORIGIN? (Specify Yes	or No- 14	Black, White, etc.		
>		1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Specify			Specify:		
						White					
1	<u>.</u>	15. DECEDENT'S EDU (Specify only highest grade	(CATION s completed)	18e. DECEDEN	T'S USUAL OCCUP of work done during T use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUS	TRY		
u		Elementary/Secondary (0-12)	2 years	100							
once.	Ē	17. FATHER'S NAME (First, Middle, Last)	2 years	Execu	tive Sec		Corpor				
440		Samuel DeLuca			18. MOTHER'S NAME (First, Middle, Maiden Surname)						
	N N	19e. INFORMANT'S NAME (Type/Print)				Pauline					
notified TO RI	2 ∥	Philip J. DeLuca					Route Number, City or Town		21210		
pe l				4100	U N. Cha	rles St. A	Apt. 905 B	altimo	re. Maryland		
must		20s. METHOD OF DISPOSITION 1.A. Burlel 2 Cremation 3 Rem	loval from State Cer	b. PLACE AND DA' metery, crematory	reof <mark>Disposition</mark> or other place) Cemeter	(Name of			y or Town, State		
E		4 Donation 5 Other (Specify)						e, Maryland			
examiner	Н	21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6500 YORK Rd. Balto. MD									
e sa		George J. Ferrarse Mitchell-Wiedefeld Home 21212									
or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
5 E		iMMEDIATE CAUSE (Final	List only one cause on a	lach ling.					interval Batween Onset and Daath		
cremation,			a. Breas	+ CAN	cer						
event,	- 1	resulting in death)									
		Contraction and the Contraction	. Metast	Atic	Dis	FASE					
SE S	2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):						
	5	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
other TIFIC		that initiated events	DUE TO (OR AS /	A CONSEQUENCE	OF):						
2 -1 -									1		
£ 5 H	5	resulting in death) LAST	d								
E S C	3	resulting in death) LAST	d	aut not resultin	o in the under	ulna causa alvan in	Part I Graums au	ALLWARDA	Lan was named		
y injury, c	3		d	but not resultin	eg in the underi	ying cause given in	DEDECOR	MEDO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
y injury, c	JUNE OF	resulting in death) LAST	d	but not resultin	g in the underi	ying cause given in		MEDO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
y Injury, o	MEDICAL OF	resulting in death) LAST	d	out not resultin	g In the underi	ying cause given in	DEDECOR	MEDO	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
y Injury, o	. MEDICAL OF	PART ii. Other aignificant condition	d	but not resultin			PERFOR	MEDO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
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filed within 72 hours after death with the State Dept. of Health and Mental RPORTANT. It item 28 is marked, or item 23 shows any Injury, or BE COMPLETED BY PHYSICIAN: MEDICAL CF	DE COMIT LEI EU DI TILI SICIAN. MEDICAL CE	PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	d	patient 3 DOA 28b. 1 Y — At home, fern	OTHER: 4 Nursing TIME OF NJURY M	PLACE OF DEATH (Che tome 5 Residence INJURY AT WORK? YES 2 NO Hice liste end place, and due n, death occured at the	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street e City or Town, Stere) to the ceuse(e) end man	MED? NO S P AJURY OCCUP Ind Number or ner ee stated.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, ause(s) end menner as stated.		
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filed within 72 hours after death with the State Dept. of Health and Mental IPORTANT. It item 28 is marked, or item 23 shows any injury, or BE COMPLETED BY PHYSICIAN: MEDICAL CF	DE COMIT LEI EU DI TILI SICIAN. MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inputent 2 ER/Out 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY building, atc. (Spe	petient 3 DOA 28b. 1 Y — At home, fern viedge, death occi on end/or investige EATH (ITEM 27) (7)	OTHER: A Nursing A Sec. A S	PLACE OF DEATH (Che lome 5 Residence INJURY AT WORK? YES 2 NO Iffice lete end place, and due n, death occured at the	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street e City or Town, Stere) to the ceuse(e) end man	MED? JNO AND AND AND AND AND AND AND A	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO PRED Rural Route Number, BURED (Month, Day, Yeer)		

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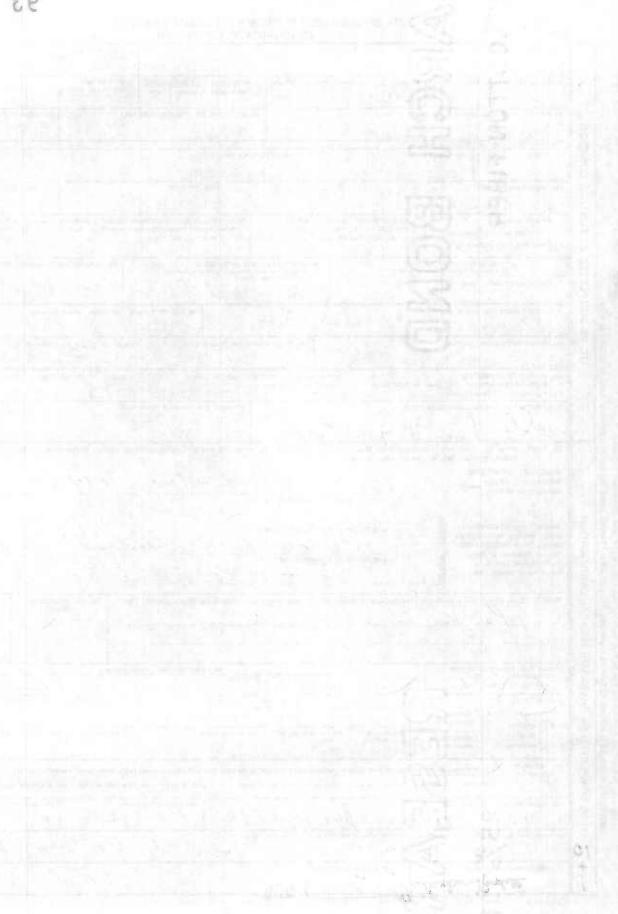
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAN		CERTIF	ICATE	JE DEATH	REG. NO)			
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	WY	3. TIME OF DE		
	Pedro D. DiMaya					August 12	F, 199.	014		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)		
	212-92-2601	1 K M 2 F	85 YRS.		HOOKS MIN.	July 30,	1908	Phillipin		
~	9a. FACILITY NAME (If not institution, give				WN OR LOCATION OF D	EATH	9c. COUNTY OF DEATH			
5	Northwest Hospita	al Center		Ran	dallstown		Baltimore			
EC	10a. STATE 10b. COUN	TY	10c. CIT	De. CITY, TOWN OR LOCATION 10d. 1						
DIRECTOR	Maryland Bal	timore	Ra	ndal1s	town		LIMITS?			
	10a. STREET AND NUMBER	CIMOIC		1144-145	101. ZIP CODE		N OF WHAT COUNTRY			
ER/	8907 Winans Road				21133		U.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	pecify Yea or No. 14. RACE — American Indian.			
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X Y			s, specify Cuban, Mexic YES 2 NO Speci			Black, White, atc. Specify:		
		I W W II						Phillipino		
TED	15. DECEDENT'S ED (Specify only highest grad	(UCATION (le completed)	16a. DECEDENT'S	work done durin	SINESS/INDUS	STRY				
) LE	Elementary/Secondary (0-12)	College (1-4 or 5+) Doctorate		President/Academics Universities						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	DOCLOTALE	vice II	COLUCII		AME (First, Middle, Maiden				
	Jose DiMaya					sa Damo	oumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL INC	ADDRESS (Str		Route Number, City or Tox	vn State Zin C	oriel		
2	Mrs. Florence Ma	rtin				ndallstown		21133		
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c. LC	CATION — CH	ly or Town, Stata		
	1 Buriel 2 Cremetion 3 Re 4 Donation S Other (Specify)	movel from State	cemetery, crematory or c	other place)	n Service	8/16/93 Hat	mpstea	d, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
	Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 2									
	23. PART I. Entar the diseases, Di	T. Part	12019							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a Color	A CONSEQUENCE OF A CONS	AR	Mysen	Dist A	Cyfa Cyfa	ela		
H.	resulting in death) LAST	d	COCHE	till	orgen	it the	1/2	aller		
	PART II. Other significant condition	ons contributing to deet	h but net resulting	in the under	iving cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY		
MEDICAL	Forfa	Malan	Moc	le		PERFO	RMED3.	AVAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)	00			
YSI	YES 2 NOW	1 Napetient 2 ERV	Outpatient 3 🗆 DOA	4 - Nursing	Home 5 - Residence	8 - Other (Specify)	EK_			
PH	27. MANNER OF DEATH	(Month, Day, Yea		JURY	WORK?	26d. DESCRIBE HOW	INJURY OCCU	RED		
BY	2 Accident Investigation				YES 2 NO					
0	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJI building, etc. (S	JRY — At home, farm, Specify)	street, factory,	office	26t. LOCATION (Street City or Town, State		Rural Route Number,		
APL	onel	SICIAN: To the best of my ki								
COMPL	2 MEDICAL EXAMI	HER: On the beals of examin	ation and/or investigation	on, in my opinie	on, death occured at the	time, data and placa, a	nd due to the	cause(a) and manner a		
w l	29b. SIGNATURE AND TITLE OF CERTIFI	ER A	0/	na M	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Yes		
OB	Old 8/20	an H	tury,	W)	PIL	380	1	-16.9		
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	o, Print)	1 11-1.1.	ALT	100	29.7		
10	0609 100	1 1 on la	n Mel	and	e belief	1300/0	7)	PIJ		
+	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					ACCOUNT.		
	ALIC 1 8 4000	1 1:11 1 1								

tending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

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6	Pe
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S,	death
	the
OR	that
RECC	requires
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IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no.
0	8
Renal	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / [DEPARTMENT OF	HEALTH AND I	MENTAL HYGIEN		21000
	1. DECEDENT'S NAME (First, Middle, Last) ELYNID (N	IMN) EDELMAN			2. DATE OF DEATH MONTH D	AY YEAI	
		6. AGE (In yrs. lest to	VRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	S. Bill Co	PITHPLACE (State or Foreign untry)
TOR	9a. FACILITY NAME (If not institution, give etres 4900 ARABIA AVEN RESIDENCE OF DECEMENT		96. CITY, TOW BALTI	N OR LOCATION OF DE	LJUNE 19 19	9c. COUNTY O	FDEATH
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN OR LO				10d. INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4900 ARABIA AVENU	JE		101. ZIP CODE 21214		10g, CITIZEN O	F WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 TYES 2 TONO IF YES, GIVE WAR OR DATES	If yes	DECENDENT OF HISPAN specify Cuben, Mexical (ES 2 NO Specify		B	ACE — American Indian, ack, White, etc. pocify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(Give iffe. Do	DENT'S USUAL OCCUP kind of work done during o NOT use retired.) CTICAL NUR	most of working	1-11-11-11-11-11-11-11-11-11-11-11-11-1	SINESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)	VILLIAMS	STICKL NON		WE (First, Middle, Malden		5
TO B	190. INFORMANT'S NAME (Type/Print) GAYLE ARBAUGH	196. 8	MAILING ADDRESS (Stre	et and Number or Rural R	Oute Number, City or Tow	n, State, Zip Code) MD. 2121	14
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	cemetery, creme	D DATE OF DISPOSITION tory or other place)	METEDY S	1/10/08 TO	CATION — City or	
	21. SIGNATURE OF FUNERAL SURVICE LICEN	JOHN E. DOLAN	V LEO	NARD J. RU	CILITY		
CERTIFICATION		DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE	ENCE OF):				Approximata Interval Between Onset and Death
MEDICAL	PART II. Other algorificant conditions of the square mount of the standard of	s cell cat to	ulting in the underly		Part I. 24s. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 KNO
PHYSICIAN:		OSPITAL:	OTHER:	PLACE OF DEATH (Chec			
ву Рн	27. MANNER OF DEATH S Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	term, street, fectory, of	fice	28f. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, death On the basis of examination end/or inve	occurred at the time, d	ite end place, and due to	o the ceuse(e) end men	ner ea atated.	(e) and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Louis q. Va	who	D37	BER		D (Month, Day, Year)
	DR. VICKY VANIK 340	01 Mannasota Ave		ore, Md. 2	21213		
6	AUG 1 8 1993	32. REGISTBAR'S SIGNATURE	M.				



FOR 1 STATE

	REGISTRAR		CERTI	FICATE O	F DEATH	RE	EG. NO.		
8	1. OECEDENT'S NAME (First, Middle, Last)	BENJAMIN		FISH		2. DATE OF O		,1993	3. TIME OF DEATH 1 PM M
	4. SOCIAL SECURITY NUMBER 218-30-6521	1 🗶 M 2 🗆 F	(In yrs. lest birthday, 91 YRS.	MONTHS DAVE		7. DATE OF BU		A BIRTI	ADI ACE (State or Familia)
OR	90. FACILITY NAME (If not institution, give s 5238 HESPERUS DR			96. CITY, TOWN	N OR LOCATION OF DE		9c. C	COUNTY OF D	DEATH
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								
L DIRECTOR	2.000	HOWARD	10c. Ci	COLUMI	BIA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	5238 HESPERUS DRI				21044		10g. (USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	13. WAS D It yes, 1 _ Y	ECENDENT OF HISPAI apacify Cuban, Mexica ES 2 XNO Specif	NIC ORIGIN? (Spi an, Puerto Ricen, fy:	ecify Yea or No- atc.)	14. RACE Black Speci	E — American Indian, k, White, etc. WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION (Completed)	18a. DECEDENT	'S USUAL OCCUPA	TION	16b. KIND	OF BUSINESS/	/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT)		nost of working	BU	REAU OF	F HIGE	WAYS
	17. FATHER'S NAME (First, Middle, Last) MOSHE	FICI	77473 3.7		18. MOTHER'S NA		_	10)	
BE		FISH			CHAYA				MOMN
2	190. INFORMANT'S NAME (Type/Print) MR. TED FISHMAN				RUS DRIVE				1
1	20e, METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem	20'	b. PLACE AND DATE				20c. LOCATION		
	1 Pguriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cen	BETH TF	ILOH		-17-93		IMORE,	Cert Harris
4	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	*		AND ADDRESS OF FA	INSON &			
\dashv	22 PATTY FOUNDER HOUSE	u xen		6010	REISTERS	STOWN RO	OAD BAI	JIMOR	RE, MD 21215
	IMMEDIATE CAUSE (Final	a. Pour TO (OR AS A	aech Ilna,		node of dying, suc	h sa cardisc o	r reapiratory	arrest,	Approximate interval Between Onset and Death
					1				
NOIT		DUE TO (OR AS A							Syemes
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. REFORE	A CONSEQUENCE	y eledy	sicol 92				Syenry
E	reauiting in death) LAST	d							
	PART ii. Other algnificant condition	a contributing to death i	hed and mandalm.	. In the condest					
PHYSICIAN: MEDICAL	Pancytopenia			in the Undarry	ng cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Che	rack only one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	ome 5 Rasidence		cify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	VJURY V	NJURY AT YORK?	28d. DESCRIBE	E HOW INJURY (DCCURED	
- 41	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	! — At home, term, city)	street, lactory, off	łca	281. LOCATION City or Town	(Street and Num n, State)	ber or Rural R	loute Number,
COMPLETED		ICIAN: To the beat of my know) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	•			29c. LICENSE NUM				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tur	ne Print)	0305	.73		8-10	0-93
	Svill 424 20	ooo Cintura	Plaza	Colun	obia me	210	44		
0	AUG 1 8 199	JZ. HEJNSTHAN S SIGN	Lan Randa	R.					

ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR				CENTII	ICATI	- 01	DEA	In		HEG. NO.			
1. DECEDENT'S NAME (FA GEORGIANA (RE FIN	NEY					2. DATE O MONTH Augus	t 15,	1993	YEAR	5:10 pi
4. SOCIAL SECURITY NUM	WBER	5. SEX	6. AGE (In yra.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	18	. BIRTHP	LACE (State or Foreign
213-34-0146	6	1 M 2 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	1 15,			
Se. FACILITY NAME (If not	Institution ohm	etmet and numbers	00		05 0077	/ TOWAL	0010047	ON OF DE			Sc. COUNT		9
4405 Bedfor									AIH		9c. COUNT	T OF DE	ATH
RESIDENCE OF DE		ce			Bal	time	ore C	ity					
10s, STATE	10b. COUNT	TY .		10c CIT	IDC. CITY, TOWN OR LOCATION						10d, INSIDE CITY		
Maryland				217	ltim		· ioit						LIMITS?
				Da	LULI								XXYES 2 NO
10e. STREET AND NUMBE						10	f. ZIP COD	_		2.10			IAT COUNTRY?
4405 Bedfo	ord Pla	ace					2121	.8			U	.S.A	•
11. MARITAL STATUS 1 Never Married 2 \$ 3 Wildowed 4 Di			NT EVER IN U.S. I YES 2. MAR OR DATES	ARMED NO		tf yes, sp	ecity, Cubi	OF HISPAN in, Mexicar Specify	n, Puerto Ric	(Specify Yes ean, etc.)	or No— 1	4. RACE - Black, Specify	- Amarican Indian, White, etc. White
	CEDENT'S ED		16a.	DECEDENT'S					16b. H	IND OF BUS	INESS/INDU	STRY	
(Specify of Elementary/Secondary	inly highest grad	College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ost of worki	ng					
	2	2 years		Homema	ker				0	wn Ho	me		
17. FATHER'S NAME (First,		7					10 MOT	HED'S NAI		Idle. Maiden S			
Thomas Henr		her Rail	iere						-,	well			
19s. INFORMANT'S NAME		ci Dail	TCTC	*** *****					_		00		
Contract of the Contract of th				19b. MAILING									
Eben D. Fir		•		4405	pedi	ord	rlac	e, B					
20a. METHOD OF DISPOS 1 Devial 2/A Cremat	ITION tion 3 Ben	noval from State	20b. PLAC	CE AND DATE	OF DISPOS	SITION / N	eme of		DATE		CATION — CI		
4 Donation			Gree	crematory or o	t Cr	emat	cory	Au	gust	17 Ba	1timo	re,	Maryland
21. SIGNATURE OF LINES					22.	NAME A	ND ADDRE	SS OF FAC	CHITY				
1 1000	us years	1 100								Home			
23. PART I. Enter the		h Bozek								ltimo			212
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	nediate LYING njury	b	O (OR AS A CON	SEQUENCE O	F):								
PART II. Other signific		dns contributing to	o deeth but no	ot resulting	in the ur	nderlyln	g ceuse	given in	Part I. 2	4s. WAS AN A			WERE AUTOPSY FINDING
									_	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF D	EATH (Che	ck only one)				
1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHEI		ne s Kn	ealdenca	8 Other	Specifyl			
27. MANNER OF DEATH		28a. DATE OF		28b. TIN	E OF	28c. IN.	JURY AT			RIBE HOW IN	JURY OCCU	IRED	
1 Natural 5	Pending Investigation	(Month, E	Day, Year)	IN.	JURY M		ORK? YES 2 [□ NO					
A D Autota	Could not be	28e. PLACE (OF INJURY - At	homa, farm,	street, faci	tory, offic	ia .		28f. LOCAT	ION (Street a	nd Number o	r Rural Ro	ute Number,
4 Homicide	detarmined	bullaing	, etc. (Specify)						City or	Town, State)			
29a. CERTIFIER					7.00	- 00	A* -(T)-(
anal		SICIAN: To the best o											
2 1	DICAL EXAMIN	EH: On the basis of a	examination and	or investigation	on, in my o	opinion, o	death occu	red at the	time, dets a	nd place, and	due to the	cause(s)	and manner as stated.
296, SAGRATURE AND TITL	E OF CERTIFIE	ER VI	(0)				29c. LIC	ENSE NUN	IBER		29d. DATE	SIGNED (Month, Day, Year)
Dalut	Mus S	1 Clark	HYN				DI	045	557		► /1.	0	15/1992
30. NAME AND ADDRESS	OF PERSON W	NO COMPLETED CAL	ISE OF DEATH	ITEM 27) (Type	, Print)		9		- 1			1	2110
William Fi			East Un			Paris	1.7 2 17	Rale	timor	o MD	21 21 4	1)	100
31. DATE FILED (Month, De	,	12 REGISTR	AR'S SIGNATUR	E		alk	way,	Dari	LIMOT	e, MD	21218	UC	
AUG		02 4.1	a Devids	· m .									
HUG	T 0 13	3) /	~ WEU ESON	n-Hand	LEC.								
		-											

(E	3	permit. Par		
, BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tely filled in by the funeral director, page 5 should be detached for use as the burial-transit per mation, or removal.	t, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Probe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

_	REGISTRAN		CE	HILL	ICALE	: UF	DEA	I H	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	DEATH	,	YEAR	3. TIME OF DEATH
- 1	AGNES	F	LYNN						Augus				2:40 a ^M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B				PLACE (State or Foreign
	213-10-8874	1 🗆 M 2 👺 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da			Country)
	9a. FACILITY NAME (If not institution, give s	med and number			01 0171	7040	221227		Sept.	26.	1906		ryland
œ	St. Agnes Hospit	al		96. CITY, TOWN OR LOCATION OF DEATH Baltimore City						9c. COUNT	TY OF DE	ATH	
DIRECTOR	RESIDENCE OF DECEDENT			Dait Milore City									
S I	10e. STATE 10b. COUNTY			10c, CITY, TOWN OR LOCATION									
<u>E</u>	Maryland Balt	imore											10d. INSIDE CITY VLIMITS?
٩.۱				Catonsville							1 A YES 2 NO		
₹	10e. STREET AND NUMBER	-				10	1. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?		
	117 Oaklee Villa	ge					2122	29			U	.S.A	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARM		13. \	WAS DEC	CENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No 1	4. RACE	- American Indian.
-	1 Never Married Married	FORCES? 1	YES 2 TH	0			ecify Cube	n, Mexical Specify	n, Puerto Rican	, etc.)			White, etc.
8	3 Widowed 4 Divorced				- 1		XIII	эрвспу	,.			Specify	white
COMPLETED	15, DECEDENT'S EDUC	CATION	16e. DEC	EDENT'S	USUAL OC	CCUPATI	ON		16b. KIN	D OF BUS	INESS/INDU	STRY	MILLE
E	(Specify only highest grade	College (1-4 or 5	(GN	e kind of a Do NOT us	work done o	during mo	ost of working	19					
7	8 years	College (1-4 or 5	1							- •			
2	17. FATHER'S NAME (First, Middle, Last)		I Adı		strat	.ive	Assi			<u>inkir</u>			
ŭ	Cornelius J. Flyn	ın						iers nai	ME (First, Middle	a, Maiden S	Surname)		
BE							_						
ဍ	Mrs. Nancy Protzn	1212	19b.	MAILING	AODRESS	Street e	end Number	or Rural F	Route Number, C	ity or Town	State, Zip C	Code)	
- 1	maney 110czn	lali		.09 1	ast	Nor	tnerr	1 Pai	rkway,	Balt	Lmore	e, M	D 21212
- 1	20s. METHOD OF DISPOSITION	and from State	20b. PLACE A			ITION (N	eme of		OATE	20c. LOC	ATION — CI	ity or Tow	n, State
- 1	1 Donation 5 Other (Specify)	over from state	New Ca	the	ther place)	Com	atam	Λ.	14 76	Do 7	***	1	Maryland
	21. SIGNATURE OF PLINERAL SERVICE LIC		1		22.	NAME A	W ADDRE	SE OF FAC	CILITY ,	Dal	1.111101	re i	naryland
- 1	- nous la	H Bozek	ex .							liter	Jett-M	led	efeld Home
_									MD 212				
- 1	23. PART I. Enter the diseeses, Dr o shock, Dr heart fellure.	omplications the	t ceused the dea	ith. Do r	not enter	the mo	de of dyl	ng, auch	h as cerdiec	or respir	atory arre	et,	Approximata
	IMMEDIATE CAUSE (Final	List Only Die Cet	ise on each line.	- 6			1		1				Onset and Death
	disease or condition	Muc	coudi	al	1 4		1	1-	1				J STOCK SITE DOGG
	resulting in death)	Dust TO	(OR AS A CONSECU	HENCE OF	17	1	a		1				
_ 』	1	H.O	Andre		. 0	_	1-1-	100	Calar) C x	00	i
CERTIFICATION	Sequentially list conditions,	numm	DH AS A CONSECU	MS I	146	0	10	wy	Calga	/ 3	1 Jea	no c	
뒫	if any, leading to immediate cause. Enter UNDERLYING	0	A CONSECU	DEIVOE O	,.								
윤내	CAUSE (Disease or injury	OUE TO	(OR AS A CONSEO	IENCE OF	n.								
ĒI	that initiated events resulting in death) LAST	002.10	(OH AS A CONSECU	DENCE OF	7:								i
英川		-											
	PART ii. Other aignificent condition	contributing to	death but not re	suiting	in the un	derivin	O COUSE C	iven in i	Part I. 24s	WAS AN	UTOPSY	245 1	WERE AUTOPSY FINDINGS
EDICAL	rena	tai	luvo			,	,			PERFOR		1	WAILABLE PRIOR TO
		da							1 [YES 2	NO		COMPLETION OF CAUSE OF DEATH?
	9	Α											YES 2 NO
z I													
8 I	25. WAS CASE REFERRED TO MEDICAL EXAMINERS. A	11000					ACE OF D	EATH (Che	ock only one)				
PHYSICIAN: M	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		e 5 🗆 Re	sidence :	8 Other (Spe	icifv1			
ξI	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIB		JURY OCCU	RED	
	1 Netural 5 Pending	(Month, D	ay, Year)	INJ	URY M		PRK? YES 2	NO					
à	2 Accident investigation 3 Suicide	28e, PLACE O	F INJURY — Al hom	e Jerm e	dreet lecto			-	264 1 0047101	d /Oterat a	4.444	0 10	
요	4 Homicide 6 Could not be	building,	etc. (Specify)			, oile	•		26f. LOCATION City or Tox	vn, State)	o Number of	nunii no	ute Number,
垣井	29e. CERTIFIER												
릴	(Check only												
COMPLETED	2/ MEDICAL EXAMINE	R: On the basis of e	remination end/or in	veatigatio	n, in my op	pinion, d	leath occur	ed at the t	time, date end	place, end	due to the	ceuse(s)	end manner es stated.
	296. SIGNATURE AND TITLE OF DESTINER		4				29c. LICE	NSE NUM	IBER		29d DATE 9	SIGNED /	Month, Day, Yeer)
8	1112	and	MR				N	71	978		D 0	115	197
유 🖡	30. NAME AND ADDRESS OF FEIGUR WHO	COMPLETEO CALIS	SE OF OEATH (ITEM	27) (Time	Print)			~	100		. 0	100	11)
	Leonel Barahona	4.D. 11	01 Maide	n Ch	വ്വ	I.an	e. C	aton	evilla	MD	27.22	0	t
-	31. DATE FILED (Month, Day, Ybar)				0106	Ha!	ال و ت	acon	SATTIE	, MID	21.22	o .	
5		A REGISTRA	R'S SIGNATURE	M.									
	AUG 1 8 1993	A which the											

- while I was

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR

	REGISTRAR		C	ERTIF	ICATE OF	DEATH	l men	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH			3. TIME OF DEATH
3	THOMAS HENRY FRAI	NZONI						GUST 13	, 199	YEAR	4:20 p. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. DA	TE OF BIRTH	,,	8. BIRTH	PLACE (State or Foreign
	219-18-6372	1 📉 M 2 🗌 F	66	YRS.	MONTHS DAYS	HOURS		onth, Day, Year) $T.21,19$	126	Country	IMORE, MD
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION		1.41,17		ITY OF DE	
e e	VA MEDICAL CENTE	R			FORT H	HOWARD			BALT	IMOF	Œ
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY										
E	200-4110		COTINE		Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	MARYLAND ANNE 100, STREET AND NUMBER	ARUNDEL	COUNTY	BA.	LTIMORE		aden	a,Md.			1 TES 2XXNO
RA						M. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	1374 LAKE AVENUE					21122			USA	1	
	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	X YES 2	NOWW2	If yes, s	pecify Cuban, h	ISPANIC ORIGINATION	GIN? (Specify Yes	or No-	14. RACE Black	- American Indian, Whita, atc.
B√	3 🕅 Widowed 4 🗌 Divorced	4/29/44	AR OR DATES		1 🗆 YE	S 2X NO	Specify:			Specifi	White
8	15. OECEDENT'S EDUC	CATION	18a, E	ECEDENT'S	USUAL OCCUPAT	ION	- 13	6b, KIND OF BU	SINESS/IND	USTRY	MILLOG
垣	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d) "	fe. Do NOT us		ost of working					
를	9th.Grade		STO	ONE M	ASON		- 1	CONSTRU	CTION	BUS	INESS
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	*				18. MOTNER	'S NAME (Firs	t, Middle, Malden	Surname)		
BE (THOMAS M. FRANZON	L				LI	LLIAN	R. SCH	AEFE	}	
2	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	AOORESS (Street	and Number or i	Rural Route Nu	imber, City or Tow	n, State, Zip	Code)	
-	CLINICAL RECORDS			VA ME	DICAL CH	ENTER,	FORT	HOWARD,	MD 2	21052	
	20a. METNOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Ramo	oval from Stata	20b. PLACE	AND DATE	OF DISPOSITION (N	lame of	D	ATE 20c. LO	CATION —	Otty or Tow	rn, Stata
	4 Donation 5 Other (Specify)		1410 V	et.c	emt, Cr	ownsv	ille8	/16 C:	rown	svi1	le,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 13d Burdal 2 Cremetton 3 Removal from Stata 10d of the (Specify) 10d of the (Spe							21122			
	10 Control	Total.	5	d.	McC	ully :	Funer	al Hor	ne,3:	204	Mt.Rd.
	23. PARTI. Enfer the diseases, or can shock, Dr heert fellure.	omplications the	coused the	eath. Do n	ot enter the me	ode of dying,	such as ca	ardiec or reepi	ratory erro	est,	Approximate
	IMMEDIATE CAUSE (Finel										Onset end Desth
	disease or condition resulting in death)	RESPIRA'				IC OBST	RUCTI	VE PULM	IONAR'S	DIS	EASE.
		DUE TO	OR AS A CONS	EQUENCE OF	7):			·			
CERTIFICATION	Sequentielly list conditions,	DUE TO	OR AS A CONSE	CHENCE OF	2.						
A	If sny, leading to immediate cause. Enter UNDERLYING	502.10	on as a consi	OUENCE OF	1.						
윤	CAUSE (Disease or Injury that initisted events	DUE TO	OR AS A CONSE	OUENCE OF):						
E	resulting in death) LAST										İ
	DADY II Other classificant and find										
DICAL	PART II. Other algnificent conditions	s contributing to	death but not	reculting i	n the underlyin	g ceuse give	n in Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC								t - YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
Σ											1 TES 2 NO
Ä	AC 2000 0100 0100 0100 0100 0100 0100 010										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. P	LACE OF DEAT	N (Check only	one)			
¥	1 TYES 2 X NO			1	4 - Nursing Non		-				
- 1	27 MANNER OF DEATH	28a. DATE OF	y, Year)	286. TIME	JRY WO	JURY AT DRK?		ESCRIBE NOW II	AJURY OCC	URED	
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, De				YES 2 NO	2 1				
B≼	1 Netural 5 Pending 2 Accident Investigation		INJURY - At b	ome ferm e				0471011 001			
B≼	1 Netural 5 Pending	26a. PLACE OF	INJURY — At h	oma, farm, s	treet, factory, offic		28f. LC	CATION (Street a by or Town, State)	nd Number (or Aural Ro	ute Number,
B≼	1 N Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE Of building,	rtc. (Specify)		treet, factory, offic	ia .	281. LC	ry or Town, State)			ute Number,
B≼	1 N Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	26s. PLACE Of building,	ntc. (Specify)	eath occurre	treet, factory, office	and place, and	281. LC	ause(a) and men	ner as atate	d.	
	1 Netural 2 Pending Investigation Investigation Investigation 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	26s. PLACE Of building,	ntc. (Specify)	eath occurre	treet, factory, office	and place, and	281. LC	ause(a) and men	ner as atate	d.	
B≼	1 N Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	26s. PLACE Of building,	ntc. (Specify)	eath occurre	treet, factory, office	and place, and	28f. LC Cit	ause(a) and men	ner as atate	d. cause(a)	
BE COMPLETED BY	1 Netural 2 Pending Investigation 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER AUXILIARY AND TITLE OF CERTIFIER AUXILIARY AUX	26a. PLACE Of building, standard to the best of at	my knowledge, d	aath occurre Investigation	treet, factory, officed at the time, data	a and place, and leath occured a	28f. LC Cit	ause(a) and men	ner as atate	d. cause(a)	and manner as stated.
E COMPLETED BY	1 Netural 2 Pending Investigation Investigation Investigation 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	26a. PLACE Of building, standard to the best of at	my knowledge, d	aath occurre Investigation	treet, factory, officed at the time, data	a and place, and leath occured a	28f. LC Cit	ause(a) and men	ner as atate	d. cause(a)	and manner as stated.
TO BE COMPLETED BY	1 Netural 2 Pending Investigation 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER AUXILIARY AND TITLE OF CERTIFIER AUXILIARY AUX	26a. PLACE Of building, standard to the best of at	my knowledge, d amination and/or E OF DEATN (ITE	aath occurre Investigation	treet, factory, officed at the time, data	a and place, and leath occured a	28f. LC Cit	ause(a) and men	ner as atate	d. cause(a)	and manner as stated.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



FOR

	1 - STATE REGISTRAR	011112 01 11	CE	RTIF	ICATE OF	DEAT	TH M		EG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)	LEOI			RMAN			2. DATE OF D		- 9	Z YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-03-7406	5. SEX 1 XM 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day 1-2-1	иятн у, <i>Year)</i> .9 1 8		6. BIRTH Countr MAR	PLACE (State or Foreign YLAND
TOR	90. FACILITY NAME (If not institution, give st NORTHWEST HOS RESIDENCE OF DECEDENT		NTER		96. CITY, TOWN	OR LOCATION NO.				9c. COU	BAL	eath TIMORE
DIRECTOR	10a. STATE 10b. COUNTY		771000	10c. CIT	Y, TOWN OR LOCA							10d. INSIDE CITY LIMITS?
	MARYLAND 104. STREET AND NUMBER	BAL'	TIMORE		10	BA	LTIM	ORE		10g, CIT	IZEN OF W	1 TYES 2 NO
FUNERAL	7423 SUDBROOK RO						208					USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 15 IF YES, GIVE VI	TEVER IN U.S. ARI TYPES 2 IN ICR OR DATES	D	If yes, s	CENDENT O secify Cuber 5 2 X NO	n, Mexican,	C ORIGIN? (S _f , Puerto Rican	pecify Yes i, atc.)	or No—	14. RACE Black Speci	- American Indian, White, etc.
圓	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gh	m kind of	USUAL OCCUPATI work done during m se retired.)	ON ost of workin	g	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +	,	MANA				CLC	THIN	IG MA	NUFA	CTURER
BE CO	17. FATHER'S NAME (First, Middle, Last) SIMON		FORMA	N		16. MOTH		E (First, Middle EAH	s, Meiden	Surneme)	RO	SENSTEIN
10	190. INFORMANT'S NAME (Type/Print) MRS RUTH FORMAN		19b.	7423	ADDRESS (Street SUDBRO	ond Number OK RO	or Rural Ro	ALTIMO	PRE,	MD 2	1208	
	20e, METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	cemetery, cren	natory or o	of disposition (Nather piece)		PARK	8-17-			City or To	TOWN, MD
	21. BIGHATURE OF FUNERAL BERVICE LICE CULTURE	ensee L Le	vin.) D-	22. NAME A	ND ADDRES	EVINS	SON &	BROS	S., IN	ic.	E, MD 21215
	23. PART i. Enter the diseasea, or c shock, or heart failure. I	omplicetions that List only one cau	causad the dec se on each lina.	th. Do i	not anter tha mo	de of dyl	ng, such	as cardiac	Dr respli	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	5	(OR AS A CONSECU	16	5 R	TVA		TA	· he	RD		Onset and Death
Z			FAS (S	UENCE O	F):							
CATIO	Sequentially ilst conditiona, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQU	JENCE O	F):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSEQU	JENCE O	7):							
L CE	PART II. Other aignificent conditions	contributing to	death but not re	suiting	in tha underlyin	g cause g	Iven in P	ert I. 24a.	, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
: MEDICAL	S/P ABDOM'n	eystoc	onte	A	VEURY	Sm		PAIR	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DE	EATH (Chec	k only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER: 4 Nursing Hon	• 5 □ Ras	sidence 6	Other (Spe	ecify)			
ВУ РН	27. MANNER OF DEATH 1- Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Da	INJURY ly, Ybar)	26b. TIM	URY WO	URY AT PRK? YES 2		28d. DESCRIB	E HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE Of building, o	F INJURY — At horr etc. (Specify)	ie, ferm, i	street, lactory, offic	•	1	City or Tow	N (Street ai vn, State)	nd Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF THE CERTIFICAT											end manner ee stated.
B	29b. SIGNATURE AND THE OF CENTIFIER	3	MD				NSE NUMB					(Month, Day, Yeer)
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS		27) (Туре,	Print) //	DATI	WEST	T HE	espi	TAL	200	tox 32
12	31. DATE FILED (Month, Day, Year) AUG 1 8 1993		R'S SIGNATURE	ndell		100	- 000	~	, , ,		LYI	-3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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after	40	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR	RTMEN	T OF H	HEALTH DEAT	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	BARRY	SYLVAN			FRAMI	Ε		MON.	OF DEATH	AY	YEAR	3. TIME OF DEATH 5 PM M
	4. SOCIAL SECURITY NUMBER 216-36-0295	5. SEX 1M 2 F	6. AGE (In yrs. Is	st birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIFTH th, Day, Year)	14550	8. BIRTH	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give	Λ	53	11110	01.077	Y TOWN				Y 13,1			MARYLAND
0.	6104 IVYDENE TE				96. CIT		OR LOCATION		ATH		-	NTY OF D	MORE
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TV.		T 40. 07	W WOMEN							~ 111111	
DIRECTOR		TIMORE		10c. CI		OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES XX NO
A P	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	6104 IVYDENE TER	RRACE					21	209				USA	
3	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A	MED	13.	WAS DEC	ENDENT O	F NISPAN	IC ORIGI	N? (Specify Yes	or No-		- American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced		MAR OR DATES	No		If yes, sp	ecify Cuber 2 X NO	ı, Mexicar	n, Puerto	Rican, etc.)		Speci	c, White, etc.
		1											WHITE
里	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(0	ECEDENT'S Give kind of	work done	during mo	ON ost of working	g	:160	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	- '								
M	17. FATNER'S NAME (First, Middle, Last)	JT		ATT	ORNE	SY	44 4400			AT LA			
	JOSEPH	FRAM	E.							Middle, Malden			
BE	19a. INFORMANT'S NAME (Type/Print)	FRAM						EARL			FRI		
2	MS ILENE SHARON E	א מיני	h.							aber, City or Tow			
	20e. METNOD OF DISPOSITION	KAPILI	20b.PLACE					r. HO		ALLEY			
1 1	\$☐ Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery co	emetony or o	thar place	1			DAT		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I LITUM	ם אים		NAME AN	ND ADDRES	AEL OF FAC	S⊢T \	-93 BA	TTTM	ORE,	MD
	h h a d	1 9			1					BROS.	INC.		
Н	States H	sella	ion		6	010	REIST	CERS!	NWOI	ROAD	BALT	IMORI	E, MD 21215
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	et caused tha deuse on each line	eath. Do i	not ante	r tha mo	de of dyle	ng, such	aa car	diac or respi	ratory en	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	MA -	tastat (OR AS A CONSE		1	(2	4-					Onset and Dasth
	resulting in death)	. 100	ras ja	1	Llu	mp)	an!	9					
		DUE TO	(OR AS A CONSE	QUENCE O	F):	7		,					
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate	bDUE TO	(OR AS A CONSE	OUENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
	that initiated events	OUE TO	(OR AS A CONSE	QUENCE O	F):								
	resulting in death) LAST	d											
LC	PART II. Other algnificant condition	na contributing to	death but not	resulting	In the u	nderlylno	cause q	iven in i	Part I.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀									_	1 - YES 2	∐ NO	4	OF DEATN?
				·					- 1				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DE	ATH /Cho	ck onte o	201			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA.	OTHE		. /						
Η̈́	27. MANNER OF DEATN	28e. DATE OF	INJURY	26b. TIM	E OF	28c, INJ		udence (CRIBE HOW I	NJURY OC	CUREO	
	1 Netural 5 Pending	(Month, E	Pay, Year)	INJ	URY M	WO	AK?	NO		Johnse How I		OUNED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE C	F INJURY — At he	ome, ferm, o	treet, fac				281. LOC	ATION (Street a	and Number	or Rumi R	oute Number
TED	4 Homicide 6 Could not be determined	building,	atc. (Specify)						City	or Town, State)		J New Oil Pil	
ן בין	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge de	with occurs	of at the	time deta	and elenc	and dur.	o the e	una(a) a=d =			
COMPLETE	(Check only one) 2 MEDICAL EXAMINE												and menner ee stated
	29b. SIGNATURE AND TITLE OF CERTIFIE	R A A											
8	Dank S. F	the o	m m				29c. LICE	172			29d, DAT	SIGNED	(Month, Day, Year)
2	- VV-C 0 V	- VVV	1					11/0	7		2	3/19	TD

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
OAVID S. ETTINGER The Johns Hapkins

32. REGISTRAR'S SIGNATURE
Sulia Deviden

8

1993

ITEMS: 23 PART I, 27, PER MEO film G-702 8/27/93 t.t

iF	9	3	2	L	n	6	5
IE	-	J	6	4	U	U	

1. DECEDENT'S NAME (First, Middle, Les	()	CERT			2. DATE OF D			3. TIME OF DEATN
Leander	C		Come		MONTH	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthde	GOTE IF UNDER 1 YEAR		0.8 s. 7. DATE OF BI		993	0550 IPLACE (State or Foreig
	1 🕅 M 2 🗆 F	33 YRS	MONTHS DAYS		(Month, Day,	Year)	Count	γ)
214-74-6167		JJ 186			3 5	60		yland
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION O	F DEATN	9c. COL	JNTY OF D	EATN
Johns Hopkins	Hospita	1.	Bal	timore	9			
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN			CITY, TOWN OR LOC					
Maryland	***	7.5	Baltimo					10d. INSIDE CITY LIMITS?
			Daltime	i e				YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CI	FIZEN OF V	WHAT COUNTRY?
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11. MARITAL STATUS		T EVER IN U.S. ARMED	13. WAS DI	ECENDENT OF NE	PANIC ORIGIN? (Sp	ecify Yea or No-	14. RACI	- American Indian,
1 Never Married 2 Married	FORCES? 1				xican, Puerto Rican, ec/ly:	etc.)	Spec	k, White, etc.
3 Widowed 4 Divorced				25				Black
15. DECEDENT'S Et (Specify only highest gra		16a. DECEDEN	T'S USUAL OCCUPA	TION	16b. KING	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life. Do NO	of work done during t T use retired.)	nosi or working				
12 years			ay Main	tenanc	e Ba	altimor	e C	ity
17. FATHER'S NAME (First, Middle, Last)		11149111			NAME (First, Middle,			-
				11.11.11.11.11				
Charles A. G	ore	404 25411	ING ADDRESS (Stree		illia	Reed		
Vestilla Gore		1						21207
			4 Dorch					Maryla
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4 Donation 5 Other (Specify)			wn Ceme	terv	0/10/	Wood 1a	wn.	Marylar
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

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			CERTIFIC	CATE OF	DEATH	AEG. I	NO.	
	1. DECEDENT'S NAME (First, Middle, La	LOUIS GREEN	BERG			2. DATE OF DEATH	fž,1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 130-12-8983	1 🖔 🗶 2 🗆 F	YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	221	BIRTHPLACE (State or Foreign Country) NEW YORK
70R	9a. FACILITY NAME (If not institution, gi 4002 CARTHAG	GE ROAD		96. CITY, TOWN OF RAND	ALLSTOW		9c. COUNTY BAL!	OF DEATH PIMORE
DIRECTOR	10a. STATE 10b. COL			andall s				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	10e. STREET AND NUMBER	thase			21133	THE .	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spec		NIC ORIGIN? (Specify in, Puerto Rican, stc.) y:	Yes or No 14.	RACE — American Indian, Black, White, a WHITE Specify:
APLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	usual occupation rork done during most retired.)	t of working	186. KIND OF	BUSINESS/INDUST	RY
BE COMP	17. FATHER'S NAME (First, Middle, Last)	GREENBER			Fan	ME (First, Middle, Mai		
5	19a. INFORMANT'S NAME (Type/Print)	CAROLYN GREEN		ADDRESS (Street an		RANDALLS	Town, State, Zip Coo	21133
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State 20b	PLACEAND DATE OF	F DISPOSITION (Name of TSRAEL	8/15/	Q 2	LOCATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			D ADDRESS OF FA	& BROS.,	INC.	
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Charles and Charles



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

_	REGISTRAR		_			E OF	DEA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	ROBERT ELW(OOD HAL	L, Sr	•					Aug	gust 14	199	YEAR 93	6:00 A. M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. Is		IF UNDER		IF UNDER		7. DATE	OF BIRTH	,	8. BIRTH	PLACE (State or Foreign
	223-32-0894	1 🔀 M 2 🗌 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	Ser	ot. 4,	1929	Country	ennsylvinia
	Sa. FACILITY NAME (If not institution, give str				9b. CITY	, TOWN	OR LOCATIO	ON OF DEA				ITY OF DE	
OR	Overlea Garden Nu	arsing Cer	nter			Balt	imor	е				N/A	1
اظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T 0/7								2.7-	
DIRECTOR	1000 000 1171	N/A			TY, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	V/A			ball		e Ci				1 10 000		XX YES 2 NO
FUNERAL	5837 Belair Road	1				1	. ZIP UUU:				10g. Ci i		HAT COUNTRY?
N I	11. MARITAL STATUS		EVER IN U.S. A	PMED	13	MWG DEC	FUDENT O	2120		IN? (Specify Yes		U.S.	
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WAI	YES 2	NO		If yes, spi	ecify_Çuba	n, Maxican	, Puerto	Rican, etc.)	or No-	Black,	— American Indian, White, etc.
B	3 Widowed 4 Divorced		rean			1 🗌 153	2 [4WU	Specify:				Specif	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION COmpleted)	18a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	- A	le. Do NOT us	se retired.)	dunng mo	St of Workin	g					
MP	12 years			C	ook					Foo	d		_
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Sumame)		
BE	Unknown							rgare					
0	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
	Robert E. Hall, J			343 I	Ridge	ely (Oak I	Rd. B	Balt	imore,	Mary	land	21234
	20a. METHOD OF DISPOSITION 1 Burial 2 D Cremation 3 Remo	wal from State	cemetery, cr Green	AND DATE	OF DISPOS	SITION /No.	me of		OA	TE 20c. LO	CATION — C	City or Tov	vn, State
	4 Donation 5 Other (Specify)	FNORE	Green	1 Moui									Maryland
					22.	NAME AN	ID AOOHE:	S OF FAC	ILITY	6500 Y	ork R	d. B	alto. MD
	George J. F				M	itche	ell-W	liede	fel	d Home			21212
	23. PART I. Enter the diseases, or coahock, or heart fellure. L	omplications that o	coused the d	eeth. Do	not enter	the mo	de of dyl	ng, such	aa cer	diac or reapi	ratory arre	est,	Approximate
	IMMEDIATE CAUSE (Fine)					_							Interval Between Onset and Death
	disease or condition resulting in deeth)	CATEL	MAC	1	9721	CE	3/						
		OUE TO (C	R AS A CONSE	OUENCE OF	E).								
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NO		OUE TO (O	NAT	24	r):	AN	278	Ry		D	115		
ATION	if any, leading to immediate	COTEO O	WAT IR AS A CONSE	2 y	F):	Ar	278	Ry)IS		
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE 10 (0	OFF AS A CONSE	EOUENCE OI	F):	An	278	Ry			15		
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE 10 (0	OFF AS A CONSE	EOUENCE OI	F):	An	RTE	Ry			15		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (0	OR AS A CONSE	EOUENCE OI	F): F):						015		
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSE	EOUENCE OI	F): F):					24a. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
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AUG 1 8 1993 Julia Savidson-Randelle

DHMH-18 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		7 4114 01 701	70 200			
OR TATE	- 71	STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH AND)
FOIOTRA				COTICIOATE	OF DEATH	

STATE REGISTRAR			<u> </u>	TOATE	_ 01	DEATH	_	REG. NO			
1. DECEDENT'S NAME (First, Middle, Las	1)						MON		AY	YEAR	3. TIME OF DEATH
Addie *Hawkins								1. 12,	1993		6:20 P.
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	•	IF UNDER	DAY8	IF UNDER 24 HRS	7. DATI	OF BIRTH	000	8. BIRTI	HPLACE (State or Foreign)
220-05-7890	1 □ M 2√2√F	93	YRS.	10 -21		ESS OFF		y 4, 1			
9s. FACILITY NAME (If not institution, give		Combo				R LOCATION OF	DEATH		9c. COU	INTY OF E	DEATH
Francis Scott K	ey Medical	Cente	T	Ba.	ltim	ore					
10a. STATE 10b. COUR	(TY		10c. Cl	TY, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
Maryland			Bal	timo:	re						LIMITS?
10a, STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
2 N. Maderia St	reet					21231			U.S	.A.	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1		ARMED			ENDENT OF HISI scify Cubsn, Mex			or No-	14. RAC	E — American Indian, k, Whits, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		X				elfy:	rncan, etc.)		Spec	illy:
15. DECEDENT'S EI	DUCATION	400	DECEDENT		001101710		L				White
(Specify only highest gra	ide completed)	1100	DECEDENT'S (Give kind of life. Do NOT a	work done (use retired.)	during mos	st of working	18	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) N/A	College (1-4 or 8+))	ietit					Hosp	ital		
17. FATHER'S NAME (First, Middle, Last)	14/ F1			-LGII		18. MOTHER'S	NAME (First			-	
Unknown William	S					Lydia			Juneille)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	S (Street as	nd Number or Rui			n, State Zie	p Code1	
Irene Behun (Da	ughter)					Street,					31
20e. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOS	SITION (Na	me of	DA		CATION —		
1 TBurisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)	smoval from Stats		on Pa							-	Maryland
21. SIGHATURE OF FUNEYAL SETUNCE	LICENSEE	111				ID ADDRESS OF	FACILITY	1			
23. PART LEnter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	e. List only one caus	Levã	scl	not enter	the mod	unek Fu Brehms de of dying, s	Lane	Balti	more	, Md	Approximats Interval Betwoonset and Do
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	a. DUE TO (te on each II	SUSEQUENCE	not enter	the mod	unek Fu Brehms	Lane	Balti	more	, Md	Approximats Interval Betw
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Step 11 SUA

FOR

	1 - STATE REGISTRAR	· WALLEAN	CERTIF	ICATE C	F DEA	TH ,	REG.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	HAZEL E. HUTCI	HINS					08	16	93	5:55 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	IF UNDER 1 YE	_	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTH Count	NPLACE (State or Foreign
	213-12-0932 1 M 2 5	1 / 1	YRS.		1000		11 04	21		RYLAND
œ	826 WEST 33rd STRI			7.7	N OR LOCATI	ON OF DE	EATH	9c, CO	OUNTY OF D	DEATN
5	RESIDENCE OF DECEDENT	ara I		DAL	TIMORE					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	MARYLAND		В.	ALTIMO	RE					1 X YES 2 NO
₹ I	10e. STREET AND NUMBER				10f. ZIP COD	_		10g. C	ITIZEN OF V	WHAT COUNTRY?
FUNERAL	826 WEST 33rd STREET					211			USA	
5	1 Never Merried 2 Merried FORCES?	DENT EVER IN U.S	NO	If yes	specify Cubs	n, Mexice	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14, RACI Black	E — Americen Indian, k, White, etc.
B	3 ☑ Widowed 4 ☐ Divorced	VE WAR OR DATE:	S	1 🔲	TES 2 NO	Specify	r.		Speci	WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	a. DECEDENT'S	USUAL OCCUP			16b. KIND OF	BUSINESS/II	NDUSTRY	
9	Elementary/Secondary (0-12) College (1-4	or 5+)	Ilfe. Do NOT us	pe retired.)	most or workin	ng				
M P			поо	SEWIFE						
	17. FATHER'S NAME (First, Middle, Last) WILLIAM T. BALLENGE	'R					ME (First, Middle, Mail RINE REDN)	
BE	19e. INFORMANT'S NAME (Type/Print)		401 11411 114				ROLLINES INCEDE			
임	GLORIA KATHRYN TOKOSCH									AND 21211
ľ	20a, METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State	20b. PL	ACE AND DATE	OF DISPOSITION	(Name of		OATE 20c.	LOCATION -	- City or To	own. State
	1 \(\overline{A}\) Buriel 2 \(\overline{O}\) Cremation 3 \(\overline{O}\) Removal from State 4 \(\overline{O}\) Donation 5 \(\overline{O}\) Other (Specify)	MEA	DOWRIDO	ther place! GE MEMO	RIAL 1	PARK	8/20/93	ELKRI	DGE.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	6	7	22. NAM	AND ADDRE	SS OF FAC	CILITY			
	· U. Glan Se	the y	7				Z, JR. FU AVENUE. E			E 21211 MARYLAND
	23. PART I. Enter the diseases, or complications	thet caused th	a deeth. Do	not entar the	mode of dy	ing, suct	n as cardiac or re	spiratory a	rrest,	Approximate
	ahock, or heert fellure. List only one IMMEDIATE CAUSE (Final	ceuse on eech	line.							interval Between Onset and Death
	disease or condition resulting in death)	MARKY	Sena	_						
	DU	TO (OF AS A CO	NSEQUENCE O	F):						
CERTIFICATION	Sequentially list conditions, our	TO (OR AS A CO	NSEQUENCE O	F):						
SAT I	cause. Enter UNDERLYING									į
Ě	Char milliared events	TO (OR AS A CO	NSEQUENCE OF	F):						
EH	resulting in death) LAST									
	PART II. Other aignificant conditions contributing	to death but r	not recuiting	in tha underi	ing cause g	given in i	Part i. 24a. WAS	AN AUTOPS	Y 24b.	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AE I								2 110		OF DEATH? 1 YES 2 NO
ž							_			1
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF D	EATH (Che	ck only one)			
YSi	INOSPITAL	2 ER/Outpaties	nt 3 🗆 DOA	OTHER: 4 Nursing I	lome 5 🗆 Re	sidence	6 Other (Specify)			
	27, MANNER OF OEATH 26e. OATI Natural 5 Pending	h, Day, Ybar)	26b. TIM	URY	INJURY AT WORK?		28d. DESCRIBE NO	W INJURY O	CCURED	
B	2 Accident Investigation	SE OF IN HIRY			YES 2	NO				
	3 Suicide 6 Could not be 4 Nomicide determined	E OF INJURY — / Ing, etc. (Specily)	At nome, term, t	Hreet, factory, c	ffice		281. LOCATION (Stree City or Town, Str	et end Numb ete)	er or Rural F	Route Number,
55 B	29e. CERTIFIER	d of my knowledge	a death comm	4 - 4 - 4						
۱۱ ت) and manner as stated
MPLE	(Check only one) 29. CERTIFYING PHYSICIAN: To the basels	Or available flott &th								
COMPLETED	(Check only One) 2 MEDICAL EXAMINER, On the basis 29b. SIGNATURE AND TITLE OF CERTIFIER	OF GABRISHEETOT GIR			290 LICE	MCE MIM	OE0	l and Da	TE CIONED	
BE	one) 2 MEDICAL EXAMINER; On the basis	alien.			29c. LICE	NSE NUM	9 9 7	29d. DA	TE SIGNED	(Month, Dey, Year)
	one) 2 MEDICAL EXAMINER; On the basis	geier		Print)	29c. LICE	NSE NUM	397	29d. DA	S / S	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER WORLD AND TOTAL STANDARD TO THE DESIGNATURE AND TITLE OF CERTIFIER WORLD AND TOTAL STANDARD TO THE DESIGNATION OF THE DESIGNA	geier		Print)	29c. LICE	NSE NUM	397	29d. DA	S /	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED 31. DATE FILEO (Month, Day, Year) 32. REGIS	geier	(ITEM 27) (Type,	Print)	29c. LICE	NSE NUM	397	29d. DA	RTE SIGNED	

ift. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR									
I. DECEDENT'S NAME (First, Middle, Last ROBERT		ERSEY				MONT		YEAR	3. TIME OF DEATH
L SOCIAL SECURITY NUMBER		B. AGE (In yrs.		IF UNDER 1 YEA	R IF UNDER 24 HRS.	8	0F BIRTN	199	3 2:12P
216 58 3253	1 ∰ M 2 □ F	41	YRS.	MONTHS DAY	B HOURS MM.	(Mont	10 / 29 / 51	Cour	MD.
ST . MARYS	,				LTIMORE			OUNTY OF	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ТҮ	_	10c. CIT	Y, TOWN OR LO					10d. INSIDE CITY
MD .				Balt	imore		1		1 # YES 2 NO
601 George					101. ZIP CODE 212	01	10g.		WHAT COUNTRY?
II. MARITAL STATUS Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2	ARMED NO	If yes,	DECENDENT OF HISP. specify Cuben, Mexi- /ES 2/F NO Specific	en, Puerto	N? (Specify Yea or No- Rican, atc.)	Blo	CE — American Indian, ok, White, alc. city: c. America
15. DECEDENT'S ED	UCATION	18a, I	DECEDENT'S	USUAL OCCUP	ATION	168	. KIND OF BUSINESS	INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of v life. Do NOT us	work done during se retired.)	most of working		Beth1eh	nem St	tee1
7. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First,	Middle, Maiden Surnam	10)	
Robert	King						N. Herse		
9a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	ADDRESS (Stre	et and Number or Rura	I Floute Num	ber, City or Town, State,	Zip Code)	71(1)
Elmira Cla	yborne			601 Ge	orge St.	Balto	Md. 212	201 (1	Apt. 5)
Rea. METHOD OF DISPOSITION	moval from State			OF DISPOSITION		DAT	E 20c. LOCATION	— City or 1	Town, Slate
□ Donation 6 □ Other (Specify)		Mt	Zio	n 8/2	1/93		Lansdo	wne,	Md.
11. SIGNATURE OF SUNFIFAL SERVICE L	JCENSEE /			22. NAME	AND ADDRESS OF				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMN-16 Rev 1/89



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5	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	000
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPART	MENT OF H	EALTH AND DEATH		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	vins	Vernon	Hawki	ns	2. DATE OF	DEATH DAY	dis	3, TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-18-6462	5. SEX 8. AGE (In yrs 1) M 2 - F 4/R/Z		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	PIRTH V. Yber) 18-2	a. BIRT	HPLACE (State or Foreign		
TOR	90. FACILITY NAME (If not inelitation, give sti	s facility		2-1/1	OR LOCATION OF O			COUNTY OF	DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 FES 2 NO		
FUNERAL	301 St. Paul	Stronet -5	wite	420 101	ZIP CODE	02	10-	g. CITIZEN OF	WHAT COUNTRY?		
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (S	pecify Yee or N		E - American Indian, sk, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16a Completed) 16a College (1-4 or 5+)	Give kind of wo	rk done durina ma		16b, KIN	D OF BUSINES	SS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) Simmon	Hawkins			18. MOTHER'S NA	ME (First, Middl SSIE	e, Maiden Sum Hawki				
TO BE	19a. INFORMANT'S NAME (Type/Print) Vernetta Greenv	vood	19b. MAILING A 2444	Nevada	nd Number or Rural Ave. Ba	Acute Number, C	d. 212	nts. Zip Code)			
	20e, METHOD OF DISPOSITION 1 FBurlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. PLA	CEANDDATEOF cremetory or other t. Zion	DISPOSITION (Na	me of 7 / 93	OATE		on - city or T			
	21. SIGNATURE OF FUNCHAL SERVICE LICE	ensee Ste	v	22. NAME AN Es	tep Brot 1300 Eut	hers F aw Pl.	uneral Balto	Home	P.A.		
	23. PART I. Enter the diseases, or canock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	omplications that caused the lat only one cause on application. CANGR OUE TO (OR AS A COM	HAB.		da of dying, auc	h as cardiac	or reapirato	ry arrast,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part in CARDID INTO PATHY END STAGE RENAL DISPASE						PERFORMED? AMIL COMP OF DE		a. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Zo. PLAGE OF DEATH (Check only one)									
YSI	1 TYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 10 ER/Outpetient	8 3 DOA 4		5 🗆 Residence	8 D Other (Sp	ecify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT RK? 'ES 2 NO	28d. OEŞCRIE	BE HOW INJUR	Y OCCURED			
	3 Sulcide 6 Could not be detarmined	home, ferm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 C CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated.										
띪	296. SIGNATURE AND TITLE OF CERTIFIER MULLINITY MA, MD.				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	ini) Y DIA	UGIG F	ACILI	+4	C/o v	NERLY		
	SUDHI CHINTRIS 31. DATE FILEO (MORITI, DRIV. 1007) AUG 1 8 1993	Je. REGISTBAR'S SIGNATUR	ende ll			-1	,	1 -	MEDICAL		



FOR STATE

_	REGISTRAR		CERTIFI	CATE OF	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ESTELLE MARY ESTELLE HOUCK				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH D7:46 AM			
	4. SOCIAL SECURITY NUMBER 334-24-4316	5. SEX 6.	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	-	7. DATE OF BIRTH (Month, Day, Year) 3-7-1900	8. BIRTHPL Country)	ACE (State or Foreign		
IOR	98. FACILITY NAME (If not institution, give NORTH ARUNDEL HO RESIDENCE OF DECEDENT		OCIATION		BURNIE	EATH	A.A.			
DIRECTOR	10e. STATE 10b. COUN	ne Arundel		sadena	ATION			Od. INSIDE CITY LIMITS? YES 2 TO NO		
FUNERAL	104 Meadow Road				21122		U . S . A .			
BY FU	11. MARITAL STATUS 13 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES NO	If yes,	ECENDENT OF NISPA specify Cuban, Mexico ES XXNO Speci	NIC ORIGIN? (Specify Yes or an, Puarto Rican, etc.) ly:	No- 14, RACE - Black, V Specify: Whi	American Indian, White, etc.		
ETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	16s, DECEDENT'S (Give kind of w life. Do NOT us	ork done during i		16b. KIND OF BUSIN				
COMPLET	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	School	Psychol	_	Public So AME (First, Middle, Maiden Su		Chicag		
BE C	William H. Hou	ck				ry A. Taylo:				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		23.46		
	Mrs. Mattie S. I		20b. PLACE AND DATE O	F DISPOSITION /	Name of	Severna Par	TION — City or Town	ı, State		
	4 Donation 5 Other (Specify)		Mt. Crematory or of				erick, Mo	l.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE G. Truman Schwab 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue Baltimore, Md. 21229									
HILLAIION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	n du	iem					
MEDICAL CE	PART II. Other aignificant condition	one contributing to de		n the underlyi	ng cause given in	Part I. 24a, WAS AN AU PERFORMI 1 YES 2 7	PNO 0	VERE AUTOPSY FIND VALLABLE PRIOR TO OMPLETION OF CALF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
200	1 YES 2 D NO	HOSPITAL:	VOutpetient 3 DOA	OTHER: 4 Nursing No	ome 5 - Residence	6 Other (Specify)				
BY PHY	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	URY 28b. TIMI	JRY Y	NJURY AT YORK? YES 2 NO	28d. DEŞCRIBE NOW INJ	DEȘCRIBE NOW INJURY OCCURED				
2	3 Suicide 6 Could not b 4 Nomicide datarmined	JURY — At home, ferm, s (Specify)	At home, farm, street, factory, office 26f			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	29a. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
O BE C	296. SIGNATURE AND TITLE OF CERTIFI) they	iwa.		1) 41 9 2	MBER 2	Ped. DATE SIGNED (A	fonth, Day, Year)		
	JORGE PEREZ-ALA				'PASADENA	, MARYLAND 2	21122			
0	31. DATE FILED (Month, Day, Year) ALLG 1 8 199	32. REGISTRARIA	SIGNATURE	2				12/16		



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-00
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pli	. Page 6 may be retained by the hospital or attending pl
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bub within 72 hours after cleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ral director, page 5 should be detached for use as the bu
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	iner must be notified at once.

	REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	TMEN	T OF H E OF	EALTH DEAT	AND (H YGIEN REG. NO	E	3 2	24073
	1. DECEDENT'S NAME (First, Middle, Lest)	1 . A 4. a 7		.,		·			2. DATE OF WONTH AUGU		ľ2,19	RARY	7:49 P
		S. SEX	6. AGE (In yrs. les		DLL	R I YEAR	IF UNDER		7. DATE OF		12,19		
	212-20-4119	1 🔀 M 2 🗆 F	70	YRS.	MONTHS	Y	HOURS	MIN.	03/2	6/23	3	Country)	LACE (State or Foreign
DIRECTOR	THE JOHNS HOPKIN	. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL					MORE	ON OF DE	EATH		BAL	TIMO	RE CITY
<u>E</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
E	MD.					ltim	ore						LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE	E .			10g. CITI		AT COUNTRY?
EB	1604 E. Eareck	cson Pl	•					2	1213			U.S	. A .
BY FUNERAL	3 Widowed 4 Divorced WWTT					If yes, spe	ENDENT O	F HISPAN	IIC ORIGIN? (S	Specify Yes in, etc.)	or No—	14. RACE - Black, Specify	- American Indian, White, atc.
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION	16a, DE	CEDENT'S	USUAL C	CCUPATIO	ON .		16b. KI	ND OF BUS	SINESS/IND		ack
COMPLETED		Coflege (1-4 or 5+)		No NOT us				g	Po	sta1	. Sei	rvic	e
NO.	17. FATHER'S NAME (First, Middle, Last)					- 1 1		IER'S NA	ME (First, Midd			VIC	
	Norman Ho	olley											
Norman Holley Clara Owens 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
۴	Jeannette Holle	λ		1604	4 E	. Ea	rec	KSOI	1 P1	Balt	o.MI	21	213
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from State	20b. PLACE A cemetery, crea	AND DATE O	or piseo	SITION (Na	me of		OATE	20c, LO	CATION —	City or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	<u>l Garr</u>	isor	F (NAMEAN	t V	S OF FA	8/18 CILITY	lOwi	ngs	Mi1	ls, MD.
, i	▶ Betts Fune	ral Ho	me		1 1	129	N. (Caro	oline	St	BA1t	to.M	D.21213
	23. PART I. Enter the diseases, or con ehock, or heart feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	propile at lone that only one ceus	e on eech line).								eat,	Approximate interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	OUE TO (O	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DUENCE OF	1. 1/A	15	015/1	ASE					YEARS
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa		DR AS A CONSEC										
#	resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditione o	contributing to d	eath but not n	esulting i	n the u	nderiying	cause g	jiven in		e. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Z									_				
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								EATH (Che	eck only one)				
OTHER: 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)													
YSI										URED			
	27. MANNER OF OEATH 1 Neturel 5 Pending	(Month, Day,		INJ	м	4 🗆 V		I NO E					
D BY	27. MANNER OF OEATH	(Month, Day,	Year) INJURY At ho				ES 2 _	NO NO	281. LOCATIO	ON (Street a	nd Number	or Rural Roo	ute Number,
D BY	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICIAL	(Month, Day,	INJURY — At hor	me, ferm, s	treet, fac	tory, office	es 2 and place,	and dua	City or 1	own, State)	ner as state	ed.	
À	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only 2 MEDICAL EXAMINER: C	(Month, Day,	INJURY — At hor	me, ferm, s	treet, fac	tory, office	es 2 and place,	and dua	City or 1	own, State)	ner as state	ed.	
D BY	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICIAL	(Month, Day, N (- 28e. PLACE OF building, et AN: To the best of m On the best of axar	INJURY — At hor	me, ferm, s	treet, fac	tory, office	es 2 and place,	and dua	fo the cause(i	own, State)	ner as state d due to the 29d. DATE	ed. e cause(s) s	and manner as stated.

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RISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

17051

JOHNS

1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	
DIVISION OF VITAL RECOR	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	

ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	ath with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
has bee	Dept. c	23 s
ilificate	State	r item
After this cert	death with the	is marked, o
L DIRECTOR:	2 hours after	f item 28 is
	be filed within 72	IMPORTANT: I

1	REGISTRAR		U	ERTIF	ICATE (OF DEATH		REG. NO.							
- 4	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DEATH					
	Rosina Carnagio	Jenni					MONTH All Cili C	+ 11 DAY	1993						
			. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF			8:50 A.m.M					
1		1 M 2 F	, ,	YRS.		YS HOURS MIN.	(Month, D	ey, Year)	Coun	etry)					
	9a. FACILITY NAME (If not institution, give stre	22	94	1110.				er 6,	1898 S	Y					
œ						WN OR LOCATION OF E			9c. COUNTY OF	DEATH					
ē	6 W. Northern Par	rkway		_	Balt:	more City									
<u>ក</u>	10a, STATE 10b, COUNTY			40. 0/7	Y, TOWN OR L										
E	23011000									10d, INSIDE CITY LIMITS?					
۵	Maryland			Ва	ltimo	re City				1 X YES 2 NO					
M	10a. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?					
<u> </u>	6 W. Northern Park	Kway				21210			1	U.S.A.					
BY FUNERAL DIRECTOR		12 WAS DECEDENT I	VER IN U.S. AF	RMED	13. WAS	DECENDENT OF HISPA	UNIC ORIGIN? (S	Specify Year		E — American Indian,					
F	1 Never Married 2 Married	FORCES? 1 [YES 2 V	NO	If ye	s, specify Cuban, Mexic YES 2 TNO Spec	an, Puerto Rica	in, atc.)	Blee	ck, White, etc.					
	3 Widowed 4 Divorced		ONDAILE		1	TES 2 DENO Spec	ny:		Spe	White					
	15. DECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S	USUAL OCCU	PATION	16h Kil	AD OF BUSI	NESS/INDUSTRY						
E 1	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	10	live kind of v	work done durin	g most of working	100.11	10 01 D001	NEGO/MDOG/R/						
7	12 yrs.	College (1-4 or 5 +)		Llomom	alron			0	T7						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Homen	ianel.	1			Home						
				-		18. MOTHER'S N	AME (First, Midd	we, Maiden S							
핆	Horracio			Jep		Rose			Carn	agio					
٩	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rural									
	Sandra K. Cinquegr	rani		6 W.	North	rn Parkwa	y, Bal	timor	e, Mary	land 21210					
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remov	rel from State	20b. PLACE	ANDDATE	OF DISPOSITIO	N (Name of	OATE	20c. LOC	ATION — City or T	own, Stata					
	4 Donation 50 Other (Specify) ent	ombment	Lorra	aine	Mauso]	eum Augus	t 14.	Bal	timore.	Marvland					
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE LA O	011	7	22. NAN	E AND ADDRESS OF F	ACIUTY	J 11							
	▶ John G. Reitz	10114	TOUR.	/					_						
\rightarrow		1	- //							land 21212					
	23. PART I. Enter the diseases, or so shock, or heert fellure. Li	mplicatione that c	aused the de	ath. Do n	not enter the	mode of dying, au-	ch aa cerdlac	or reapire	atory arreat,	Approximata					
- 1	IMMEDIATE CAUSE (Final	(1)	C			1	1			interval Between Onset and Death					
	disease or condition requiting in deeth)	lls.	init	0-1	/	North	-								
i	a.	DUE TO (O	AS A CONSE	OVENCE OF	h.										
		110-0	1	- 6.	~ 0					į					
z	Sequentially list conditions to the tribe														
NOI	Sequentially list conditions,	OUE TO (OI	R AS A CONSE	OUENCE OF	F):			If any, leading to immediate							
CATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OI	R AS A CONSE	DUENCE OF	F):										
FICATION	If any, leading to immediate		R AS A CONSE												
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								_						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSE	DUENCE OF	-):										
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OI	R AS A CONSE	DUENCE OF	-):	lying ceuse given in	1 Part i. 24	a. WAS AN A		b. WERE AUTOPSY FINDINGS					
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSE	DUENCE OF	-):	lying ceuse given in		PERFORM	EO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSE	DUENCE OF	-):	lying ceuse given in			EO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSE	DUENCE OF	-):	lying ceuse given in		PERFORM	EO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
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Mil s'es problèm que restilla de va presa a dif

Naomi		0							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
			Jo	hnsc	n				0		14	1993	
4. SOCIAL SECURITY NUM 212-78-31		5. SEX	8. AGE (In yrs. le		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTH	9-43	B. BIR	THPLACE (State or Foreign
9a. FACILITY NAME (# not	e. FACILITY NAME (If not institution, give street and number)				9b. CITY	Y, TOWN O	R LOCATIO	ON OF DE	EATH		9c. C	DUNTY OF	DEATH
1222 Lin	den I	Leaf Cou	rt		Ba	alti	mor	е					
10e. STATE 10b. COUNTY				10c. CIT	ry, town o	OR LOCAT	ION						10d, INSIDE CITY LIMITS?
MARYLAND				BAI	LTIM	10 R E							XX YES 2 NO
1222 LINDE		F CT.				101.	ZIP CODE						STATES
11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI YES 2VIV	RMED			clfy/Cuba	n, Mexica	n, Puerto	N? (Specify Ricen, atc.)	Yes or No-	Bi	ock, White, atc.
15. DE (Specify o	ECEDENT'S Ed	OUCATION ide completed)		ECEDENT'S				107	166	b. KIND OF	BUSINESS/	INDUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	HA.	e. Do NOT u	ise retired.)	daming mon	n or working		В	ON S	SECOL	JR H	OLLINS TE
17. FATHER'S NAME (First, WILLIAM (C. MÓ	SLEY					AN	ANA	MAE	WIL	den Sumami LIAN	15	
194. INFORMANT'S NAME ROBERT L.		NSON	15								Town, State,		MD 21202
20a, METHOD OK/DISPOSI 1 Burlal 2 Cremet 4 Donation 5 Other	er (Specify)		20b. PLACE	AND DATE	OF DISPOS	CEM	e TEF	RY	8-	20c.			RE, MD
21. SIGNATURE OF FUNEA	ALSERVICE	TO K	-0	20	22. W	MAME AN	C . N	AARC	CILITY H F	H. 1	101	Ε.	NORTH AVE
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart failur	a. ARTERIOS	CLEROTIC	e. CARDI(OVASCU				h ss car	rdisc or re	espiratory	srrest,	Approximate Interval Betwee Onset and De
shock, for IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm	itions,	a. ARTERIOS DUE TO	ise on each iln	CARDIO	OVASCU OF):				h ss car	disc or re	espiratory	srrest,	Interval Between
shock, for IMMEDIATE CAUSE (F disease or condition resulting in death)	heart failun	a. ARTERIOS DUE TO b. DUE TO c.	CLEROTIC (OR AS A CONSE	CARDIO	OVASCU OF): OF):				h ss car	disc or re	espiratory	srrest,	Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DALLIMORE, MARTLAND ZIZIS-UUM	s after death. Page 6 may be retained by the hospital or attending process.	by the funeral director, page 5 should be detached for use as the born transmoval.	lical examiner must be notified at once.	
Control of All All All All All All All All All Al	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after beath. Page 6 may be retained by the hospital or attending anticated	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 21215-0036

DIVISION OF VITAL RECORDS, P.O. BOX 68760

nit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		resignar			2. DATE OF DEATH		3. TIME OF DEATH a	
	THEODORE J.		n yrs. lest birthdey)	F UNDER 1 YEAR		08 17			
	713-10-3613	1 <u>X</u> M 2 □ F	84 YRS. M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	74			
OR		NORTH ARUNDEL HOSPITAL					9c. COUNTY OF	ARUNDEL	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MARYLAND ANNE	ARUNDEL		GLEN B	URNIE			1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	DDTIID		101.	ZIP CODE			F WHAT COUNTRY?	
JNE	1234 CATHEDRAI	12 WAS DECEDENT EVED IN	U.S. ARMED	13 WAS DECI	21061	NIC ORIGIN? (Specify Yes	U.S	ACE — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe 1 YES	cify Cuben, Mexica	in, Puerto Rican, etc.)	Sc	WE — American Indian, ack, White, etc. ec/ly: WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S US	k done during mos	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	D OWNER	,	HOTEL		
OM	17. FATHER'S NAME (First, Middle, Lest)		OLLIE EP	TELIOTE		ME (First, Middle, Maiden		-	
BE C	WILLIAM JARVIS	}			CARRI		,		
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	ELIZABETH M. DU					ROAD-GAMB			
	1 Buriel 2 A Cremation 3 Remov	al from State	PLACEAND DATE OF	EMATO!	RY.INC.	8/18 CA	CATION — City or TONSVT	T.T.E. MD	
	21, SIGNATURE OF FUNERAL SERVICE LICES	100		22. NAME AN	D ADDRESS OF FA	CILITY		07.067	
	> Zhild.	Tity []		RAYMO	OND C. CRAIN H	FINK FUN	ERAL H LEN BU	OME ZIUGI RNIE MD.	
	23. PART I. Enter the diseases, or conshock, or heart fallers, Li-	mplications that caused st only one cause on ea	the deeth. Do not					Approximate interval Between	
	disease or condition	No in	4. 2.		6	2	de	Onset and Death	
	resulting in death) a.	DUE AD (OR AS A	CONSTRUCTION OF STREET	Pi	7 0	Such		Mercul	
Z	NIKI KACO -2	7 Con	Lun	Nea	it to	aller	Lus	day	
CERTIFICATION	if arty leading to the register	DUE TO JOR AS A	CONSEQUENCE OF):	01. 71		e - 7 I	San	4	
FIC	that initiated events	DUE TO YOR AS A	CONSEQUENCE OF)		ii o			gen	
EHT	resulting in death) LAS							100	
AL CI	PART IT. Dither significant conditions	contributing to death be	Phot resulting in.	the underlying	couse given in	Part i. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
OICA	1 2 2 1	rusto (energ o	Desa		1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	de grand	2 gre	rsie					OF DEATH?	
Ä	- (2) O H X	fila	dure					N/A	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:		THER:	ACE OF DEATH (Ch				
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME C	OF 28c. INJL	JRY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO				
	3 Suicide 8 Could not be 4 Homtcide determined	28e. PLACE OF INJURY building, etc. (Specia	At home, term, stre	et, factory, office		281, LOCATION (Street a City or Town, State)	and Number or Run	il Route Number,	
COMPLETED	29e. CERTIFIER (Check only cont)	AN: To the best of my knowle	edge, death occurred	at the time, date	end place, end due	to the cause(e) and man	ner ee stated.		
	JOHN SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	restigation,	in my opinion, de					
8	1/1/	het			29c. LICENSE NUI	W3		ED (Month, Day, Year) 17/93 .	
٤	30. NAME AND ADDRESS OF PERSON WHO			int)	000	. 0	00/	11/90.	
1		BONG M.D.	Address of the last of the las		Z.S.W.G	LEN BURN	IE, MD.	21061	
	AUG 1 8 1993	32. REGISTRAR'S SIGNA	TURE Ander						

Y Elojako

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buris	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	

	1 - STATE REGISTRAR		CE	RTIFIC	CATE OF	DEATH	MEN INE	REG. NO.			
		KATHLEEN M					2. DAYE OF	DEATH	1.19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-15-2546	1 - M 2 X XF	AGE (In yrs. last t		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Month D	17 19	975	Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s 524 Sussex Rd a	ireet and number)			Baltin	OR LOCATION OF D	EATH			ty of DE	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Bal	timore			imore	TION					lod, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 524 Sussex Rd					21204			-		YES 2 THO
BY FUN	11. MARITAL STATUS 1.XXNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	ED)	ii yes, sp	CENDENT OF HISPAL ecity Cuban, Mexico 2 X NO Specifi	in, Puerto Rica	Specify Yea o		14. RACE - Black,	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give life. D	e kind of wo	1000	ON st of working	16b, KII	ND OF BUSI	NESS/INDU	JSTRY	
	17. FATHER'S NAME (First, Middle, Last) Edward F. Koch		000	udent		18. MOTHER'S NA	ME (First, Midd Cine A	Meiden Si	voy		
10 BE	19a. INFORMANT'S NAME (Type/Print) Edward F. Koch		196.	MAILING A	DORESS (Street &	and Number or Rural Rd. Balt:	More,	City or Town, Md. 2	State, Zip (Code)	
	20s, METHOD OF DISPOSITION 1X Spuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AN cemetery, creme St. M.	DDATE OF	DISPOSITION (Na GOVans	Cemt.	8-13			tty or Town	Commit
	21. SIGNATURE OF FUNERAL SERVICE LIC	01	miy	Link		nd address of fa nell-Wied) York Ro		Home		-	
2	23. PART I. Entar tha diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (DI	on each line.	IENCE OF):		da or dynng, suc	n as cardiac	or reapira	itory arre	st,	Approximats interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C	R AS A CONSEOU								
MEDICAL	PART II. Other significant condition	s contributing to de	eath but not raa	aulting in	the underlying	g causa given in		PERFORM	ED?	6	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINED? HOSPITAL: OTHER:										
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending investigation		DF 28c. INJ	e 5 Neeldence URY AT RK? /ES 2 ND	8 Other (Sc 28d. DESCRI		URY OCCL	JRED			
2	2 Accident investigation 3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							r Rural Rou	te Number,		
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE										nd manner as stated.
O BE C	296. SHINAFORE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHY	Thon	DE DEATH (ITEM 2	Wille		29c, LICENSE NUM	ABER 83	2	Ped. DATE	SIGNED (N	fonth, pay, Year)
	31. DATE FILED (Month, Day, Year)	32 _e REGISTRAR'S	· IIMI) - 4	4814	sopr to	buse	- 1/	184	am	k+141/1
0	AUG 1 8 1993	7 and the	- 3 - 10								

Items: 18,19a,b per F.H. 8/18/93 reb

24078 93

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.		24010					
	1. OECEDENT'S NAME (First, Middle, Last)			THE OT DEATH	2. DATE OF DEATH		3. TIME OF DEATH					
	WILLIAM C.		R.		8 14	0.3	4:35 AM					
	4. SOCIAL SECURITY NUMBER 214-26-4496			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	HRTHPLACE (State or Foreign country)					
	9e. FACILITY NAME (If not institution, give s	1 M 2 F	75 YRS.	b. CITY, TOWN OR LOCATION OF I	5/14/18		ENNSYLVANIA					
R	VA MEDICAL CENTER		1	FORT HOWARD	DEATH	9c. COUNTY						
DIRECTOR	RESIDENCE OF DECEDENT					LBAI	LTIMORE					
IRE	10a. STATE 10b. COUNTY	Υ	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
ר ח	MARYLAND		BAI	TIMORE 101, ZIP CODE			1 X YES 2 NO					
FUNERAL	3456 CARDENAS AVE	TNIF					OF WHAT COUNTRY?					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Spectfy Yea	US/ or No.— 14. I	RACE American Indian.					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPE	DATES	If yes, specify Cuban, Mexic 1 ☐ YES 2 ☑ NO Spec		2	Black, White, atc. Specify:					
ED B			W II		16b. KIND OF BUS		HITE					
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KI (Give kind of work done during most of working life. Do NOT use retired.)						PY.					
AP.		College (1-4 or 5 +)	Electron	ic Instrument	Tech Elec	ctronic	s Company					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden		2					
BE	WILLIAM K	UCHMAS SR.		ANNA	KROMONSKI	KRAJN	IYANSKI					
2	19a. INFORMANT'S NAME (Type Print) WILLIAM CUChn	mas, III	19b. MAILING AC 8917	Parlo Rd Ral	Aoute Number, City or Town	, State, Zip Code)					
	CLINICAL RECORDS 20s. METHOD OF DISPOSITION	Lac	VA MENT	Parlo Rd. Ral CAL CENTER FO	RT HOWARD.	MARYT AN	ID 21052					
	1 Donation 5 Other (Specify)	oval from Stata	Db.PLACE AND DATE OF to emetery, cremetory or other PW Catheory	place) Cemetery	1	timore	, Maryland					
	2. SIGNATURE OF FUNERAL SERVICE LIC		OII Outline	22. NAME AND ADDRESS OF F	ACILITY		, raryrana					
	11/2	11.		Schimunek Fu			M3 01010					
	23. PART I. Enter the diseases, or o	complications that cause	ed the death. Do not	3331 Brehms	ch as cardiac or resolu	ratory arrest.	Approximate					
	shock, or heart failure.	List only one cause on	each ilne.			,,	interval Between Onset and Death					
	disease or condition reaulting in death)	. CARCINOMA	OF THE PR	OSTATE			1,000					
			A CONSEQUENCE OF):									
NO.	Sequentially list conditions,	bDUF TO (OR AS	A CONSEQUENCE OF):									
CERTIFICATION	If sny, lesding to immediata cause. Enter UNDERLYING	-	A CONSCIOU OF J.									
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):									
E	resulting in death) LAST	d										
CALC	PART ii. Other significant condition	s contributing to death	but not resulting in t	ha undariying causa given ir	Part I. 24s. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS					
Š	DIABETES MELLITE				PERFORI 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC	HYPERTENSION					A III	DF DEATH?					
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	0	26. PLACE OF DEATH (C	heck only one)							
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 X Inpatient 2 ER/Ou	tpetient 3 DOA 4	☐ Nursing Home 5 ☐ Residence	1							
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIME O		28d. DESCRIBE HOW IN	JURY OCCURE	0					
Э ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	IY — At home, term, stree		261. LOCATION (Street as	nd Number or Ru	ral Route Number					
Ë	4 Homicide 6 Could not be determined	building, etc. (Sp.	ecify)		City or Town, State)	74177007 01 770	, and the state of					
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my kno-	wiedge, death occurred a	t the time, data and place, and du	to the cause(e) and many	ner as stated.						
≥	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated.											
Ö	2 MEDICAL EXAMINE											
	2 MEDICAL EXAMINE		10	29c. LICENSE NU	MBER	29d. OATE SIG						
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	Kanens	D	126	39 (≥ 8 /						
	29b. SIGNATURE AND TITLE OF CERTIFIER JOHN STREET OF PERSON WHO	Lane Mo COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	D26	391	► 811						
8	29b. SIGNATURE AND TITLE OF CERTIFIER JOHN STREET OF PERSON WHO	Lane Mo COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	126	391	► 811						

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR TILE 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN		21010	
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH	3. TIME OF OEATH		
BRIAN A	NDREW K	ING			08 12			
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday			7 DATE OF BIRTH	0.8	HRTHPLACE (State or Foreign	
216-52-2694	1X M 2 □ F	42 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5	1 B7	ALTIMORE, MD	
9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
Johns Honkins	Hospital		Balt	imore				
10a. STATE 10b. COUNTY	1		TTY, TOWN OR LOC				10d. INSIDE CITY	
MARYLAND BALTIMORE 1 V LIMITS?								
5801 CLOVER RD			UNITE	OF WHAT COUNTRY? ED STATES				
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,	
1 Never Married 2 Merried 3 Widowed 4 Divorced							Black, White, atc. Specify: BLACK	
15. OECEOENT'S EDUI		16e. DECEOENT	"S USUAL OCCUPA"	TION	16b. KIND OF BU	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	Not of Worlding	UNEMPLOYED						
17. FATHER'S NAME (First, Middle, Leet) GEORGE EDWARD	KING			HELEN	AME (First, Middle, Meiden SMITH	Surname)	ATE IT IN	
196. INFORMANT'S NAME (Type/Print) HELEN KING 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 5801 CLOVER RD., BALTIMORE, MD 21215								
20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT	E OF DISPOSITION	Name of	DATE 20c. LO	CATION — City		
23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions,	Gunshot W DUE TO (OR A	Nound of AS A CONSEQUENCE	Head of:				Approximete Interval Between Onset and Death	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	AS A CONSEGUENCE	OF):					
that initieted events reaulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE	OF):					
PART II. Other significant condition	a contributing to deet	th but not resulting	g in the underly	ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	F8-90-	OTHER:	PLACE OF DEATH (C)				
1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 X ER/O			ome 5 Residence		N HIRV OCCUPA	50	
1 Netural 5 Pandler (Month, Day, Year) INJURY WORK?								
2 Accident Acciden								
A Namicida determined building, etc. (Specify)								
one)	CIAN: To the best of my ki					nner ee stated.	4th Street	
	0	actori artizor investiga	mon, in my opinion	, wearm occured at the	time, date end place, ar	ra due to the car	use(e) end manner ea stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	Rug . M.	D.		O. C. N			13 1993	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (TH	pa, Print)			3.5		

Baltimore.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It from 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Theodore M. Ki 31. DATE FILED (Month, Day, Year) AUG 1 8 1993

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondoll

DHMH-18 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First	, Middle, Last)				1				2. DATE	OF DEATH	MY	YEAR 3.	7:0uam
١	ET.TZARETH		OKUTSKY 5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS	-	17/95 OF BIRGS		BISTNE	State or Foreign
	212-32-0924		1 □ M 2 ☑ F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	2/06	Day, Yearl		Country)	
	9a. FACILITY NAME (If not in 1710 Goodvi	ew Roa				v, town	re	ON DF DE	EATN		- 4	Y OF DEAT		
	mesidence of dec	10b. COUNTY BALTI				ry, town FIMOR		TION						d. INSIDE CITY LIMITS? YES X NO
	10e. STREET AND NUMBER	1710 Gc	oodview F	Road			10	. ZIP COD		21234		U.S.		T COUNTRY?
	11. MARITAL STATUS 1 Vever Married 2 3 Widowed 4 Divo	100 A 111 E 12	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES X	RMED NO		If yes, sp		n, Mexica	in, Puerto F	? (Specify Ye	s or No— 1		American Indian, India, atc.
	15. DEC (Specify onl Flementary/Secondary (C 12 YEARS	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 8	·) //	Give kind of b. Do NOT u	work done ise retired.)	during me	ON ost of working	ng	16b.	KIND OF BU	E		
	17. FATHER'S NAME (First, M	GYREK						UN	KNOV	νN	fiddle, Malder			
	PEGGY KRASN	OKUTSK	Y	11	716	GOODV	/IEW	ROAL	BAI	LTIMO	RE. M	vn, State, Zip C	21.	· Hereigh
	20a, METNOD OF DISPOSIT 1/ Burlet 2 Crematic 4 Donation 8 Que	on 3 🗌 Remo	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (N	me of	ERY	08/15	1/47.33 A	1timor	ty or Town,	State
	21. SIGNATURE OF PUMERA		ENSEE	06		72	NAME A	ND ADDRE	ss of fa	oad	ppe1	Funera	1 Hor	me Inc.
	23. PARY 1. Enter the d	Iseases or o	complications the	t coused the d	leath. Do	not ente	r the mo	de of dy	ing, suc	h se cerd	d 212	Oratory erred	et,	Approximeta
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	+	DUE TO	OR AS A CONSI	lai t EQUENCE C	Pu	luna	ry a sele	wis	7				Onset and Death
	ceuse. Enter UNDERLY CAUSE (Disease or inju	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of):												
	resulting in death) LAS	T	d											
	PERFORMED? 1 YES 2 NO OF DEA									ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO				
- 13	25. WAS CASE REFERRED T	D MEDICAL					-							
	EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			8 C Other				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DA 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident					28b. TIR	□ DOA 4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCU M 1 □ YES 2 □ NO				IRED				
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time.							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
			CIAN: To the best of a											ed manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	toleton					29c. LIC	ENSE NUI	MBER 4			SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS O	ento v	CENTE	ZA-MO		e, Print)	Thy	n	he	He	lerlaly	9 2/2	04	
>	AUG 18		32 REGISTRA	R'S SIGNATURE	ndett		,				,			
][10.00							-		-			DHMN-16 Rev 1/

The second second



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI		E4001
	1000	1. DECEDENT'S NAME (First, Middle, Last) EVA KRA/	MER				2. DATE OF DEATH MONTH		3. TIME OF DEATH 3. 8:55 AM
P		4. SOCIAL SECURITY NUMBER 22.020-2381	1 - M 2 F 9		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) RUSSIA
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give she Destroy Space of Pecedent	The state of the s			NORE		9c. COUNTY	OF DEATH
t. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
physician. burial-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 4202 MAINE AVE.			101	21.207		10g. CITIZES USA	N OF WHAT COUNTRY?
	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		HC ORIGIN? (Specify Vin, Puerto Rican, etc.)		I. RACE — American Indian, Black, White, etc. Specify: WHITE
spital or att	APLETED	15. DECEDENT'S EDUC (Specily only highest grade of Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re HOUSEWIF)	done during mo tired.)	ON st of working	AT HOME	USINESS/INDUS	TRY
d by the hos	SE COMPL	17. FATHER'S NAME (First, Middle, Lest) MORRIS	MEINSTER			18. MOTHER'S NA IDA	ME (First, Middle, Maide	UNKNOW	N
2 8 9	TO B	196. INFORMANT'S NAME (Type/Print) MR. ALLEN BRICKMAN		19b. MAILING ADI 2402 SI			Route Number, City or To BALTIMORE,		1209
age 6 may director, pa	1	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE	val from State cem	PLACE AND DATE OF DI Beery, cremetory or other SHAAREI	ZION	8/15/9:	3 RC	OCATION — CH OSEDALE	
after death. Page 6 m by the funeral director, smoval.		Auduly 1 7	Stellman		SOL LE	REISTERT	& BROS., I	BALTO.,	MD 21215
within 24 hours opletely filled in cremation, or re		23 PART I. Enter the diseases, or deshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on ea	the death. Do not ach line.	enter the mo	de of dying, suc	h as cardiac or res	piratory arrest	t, Approximata interval Between Onset and Death
th certificate be ending physician I Hygiene prior t or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST		CONSEQUENCE OF):					
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	MEDICAL	PART II. Other significant conditions Al Their significant of the	s contributing to death bi	ut not resulting in ti	ne underlying	g cause given in	Part i. 24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
N: The law ficate has State Dept item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch			<u></u>
r this certil h with the arked, or	-	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
ATTENDING ECTOR: Afte s after deat 1 28 is m	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	I, factory, office	•	281. LOCATION (Street City or Yown, State	and Number or	Rural Route Number,
DSPITAL OR INERAL DIRE Thin 72 hour INT: If Item	COMPLE	one)	CIAN: To the best of my knowl						cause(a) and manner as stated.
TO THE HE TO THE FL De filed wi	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	Wean,			D374		29d. DATE S	IGNED (Month, Day, Year)
	1	30. NAME AND ADDRESS OF PERSON WIND			()				
	V	31. DATE FILED (Month, Day, Year) AUG 1 8 1993	32. REGISTRAN'S SIGNA	ACADE L					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) holfe

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32 REGISTRAB'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

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93 24082 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR CLARENCE LEWIS AUGUST 15 8:00 Sr 1993 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 219-12-9577 72 DAYS HOURS MIN 1 XM 2 F VRS 7-8-21 BALTIMORE M 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 10e. STREET AND NUMBER 101. ZIP CODE 21202 10g. CITIZEN OF WHAT COUNTRY?
UNITED STATES 726 MURA STREET 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES ... 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XMarried BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 7 TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
MYRTLE GREEN JOHN HENRY LEWIS BE 19a. INFORMANT'S NAME (Type/Print) 726 MURA STREET BALTIMORE, MD 21202 2 EVENLYN LEWIS 20s. METHOD OF DISPOSITION

V[V]/Burial 2 Cremetion 3 Removal from State

A Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State CONCINGUIOME MORTAL PARK 8-20 RANDALLSTOWN. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. 2101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition metastati lug 4 R resulting in death) OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, **OUE TO (OR AS A CONSEQUENCE OF)** If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24h WERE ALTTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 TNO OF DEATH? 1 YES 2 700 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 WES 2 NO 1 Inpatient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE William Tiompe MO 8/15/53 D 650

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN			MENTAL HYGIEI				
1	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF OEAT	ТН
	MARION LO	WMAN				MONTH 8	16	3	1:47	PW
18		5. SEX 8. AGE (In yrs. las		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPL	ACE (State or Fo	oreign
Ŷ	219 05 9410	1 🔀 M 2 🗆 F 73	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 10/19/19		Country)	land	
	9a. FACILITY NAME (If not institution, give street		9b. CIT	TY, TOWN O	R LOCATION OF D		9c. COUNTY			
OR	Harbor Hospital	l Center	Ba	1timo	ore	City	====		:=	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TOWN	001001	044					
DIRECTOR		e Arundel	Balti		ON				LIMITS?	
	10e. STREET AND NUMBER	- manaci	Darti		ZIP CODE		T 40 - OUTUTE		T COUNTRY?	NO
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9		College (1-4 or 5+)	. Do NOT use retired.	.)						
M	11th Grade	A:	ircraft	Mecha			in Mari	etta		
	17. FATHER'S NAME (First, Middle, Last) M:	arion E. Lowman				ME (First, Middle, Meide	,			
Marion E. Lowman Interpretation of the content o										
임	Mary Lowman		100 Kran			Route Number, City or To Baltimore			21 225	
	20a. METHOD OF DISPOSITION		AND DATE OF DISPO				OCATION — CITY			
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		matory or other place				ownsvi			and
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22	. NAME AND	D ADDRESS OF FA	CILITY				anu
	+ Jerme	mamuou				ce Funera				. 1
	23. PARP1. Enter the diseases, or so	maile stiene that accord to	Janu 4	1001	Ritchie	Hwy. Bal	timore,	Md.		_
	anock, or neart failure. Lie	et only Dne ceuse Dn eech ilne).	er tha mod	ie or aying, suc	n ea cardiac or reap	Hretory arrest	1	Approximinterval B	etween
	IMMEDIATE CAUSE (Final disease or condition	DESDIDATO	d tall	105					Onset and	d Death
	resulting in daeth) a.	RESPIRATORY DUE TO (OR AS A CONSEC	DUENCE OFI	INC						
-		SUNAMONS CEZ	*	DMA	m Lu	NG			2 WEL	ERS
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	OUENCE OF):	01-17	10				1	-
CA	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury									
=	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	d.								-	
AL (PART II. Other significant conditions	contributing to death but not r	esuiting in the u	ındariying	cause given in	Part I. 24s. WAS A			ERE AUTOPSY FI	
5						1 YES	RMED?	C0	AILABLE PRIOR IMPLETION OF C	CAUSE
Ä								1 1 1 1 1 1	DEATH?	NO.
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LS.		OSPITAL: Inpetient 2 - ER/Outpetient 3	DOA 4 No		5 🗆 Raaldenca	6 Other (Specify)				
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOR		28d. DESCRIBE HOW	INJURY OCCUR	ED		
à l	1 Natural 5 Pending 2 Accident Investigation		M		ES 2 NO					
- 1	2 Pulate 1 286 PLACE OF INITIBY At home form attend testage atting									
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린		AN: To the best of my knowledge, de								
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examination and/or i	investigation, in my	opinion, de	ath occured at the	time, data and place, a	nd due to the co	suse(s) an	d manner as s	tated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER LIMITAD JO HOUSE, 1970 7077 29d. DATE SIGNED (Month, Day, Year)									
2					HOUSE	STAFF	08	7/16	143	
3	30. NAME AND ADDRESS OF PERSON WHO O	CONFLETED CAUSE OF DEATH (ITEM	M 27) (Type, Print)							
*		32. REGISTRAR'S SIGNATURE	70.00							
1 1	100 1000	The state of the s	Market							

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FOR

	1 - STATE REGISTRAR					REG NO		
	1. DESERVIT'S NAME (First, Middle, Last)	1 Lot	4			2. DATE OF DEATH		3. TIME OF DEATH
	A BOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	BIRTHPLACE (State or Foreign
	228-24 2340	1□ M2# F 66	YRS.	MONTHS DAYS	HOURS MIN.	0 0	27	Pennsylvania
Œ				9b. CITY, TOWN	111			Y OF DEATH
0	RESIDENCE OF DECEDENT			Da		YE.] ====	
JRE	10e. STATE 10b. COUNT	, 	0.0					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Λ Λ					10g. CITIZE	1 Ø YES 2 □ NO N OF WHAT COUNTRY?
NER	2525 W. Bels	redere Hu	le		212	13	1 7	154
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, a	pecify Cuben, Mexica	nn, Puerto Ricen, etc.)	s or No—	RACE — Armerican Indian, Black, White, etc. Specify: White
TEG	(Specify only highest grade		(Give kind of w	rock done during a	TON nost of working	16b. KIND OF BU	JSINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	-			В	ank	
CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Surname)	
111		ld Griffith	405 11411 1110					100
	Neetu-Dhawan Gray							
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Flore	20b. Pl	LACEANDDATED	F DISPOSITION (A	Vame of			
	4 Donation 5 D Other (Specify)	Me	tro Cre			8/14 Ba	1timor	e, Maryland
	* Lonna I	Bramiro	ushi	Geor 4001	ge J. Gor Ritchie	nce Funera Hwy. Balt	imore,	Md. 21225
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that caused to Dat only one cause on each	the death. Do n th line.	ot enter the m	ode of dying, suc	h as cardiac or resp	piratory arres	t, Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	1	lastice	tatic 1	Car			Onset and Death
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IH	resulting in death) LAST	d		,				į
	PART il. Other significant condition	s contributing to death but	not resulting in	n the underlyis	ng cause given in	Part i. 24s. WAS AF	NAUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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AN	25. WAS CASE REFERRED TO MEDICAL			26.5	PLACE OF DEATH (Ch	eck only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	lent 3 🗆 DOA	OTHER:				
у РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		JRY W	ORK?	28d. DESCRIBE HOW	INJURY OCCUP	GEO CIE
<u>a</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	treet, factory, offi	ice			Rural Route Number,
1PLE								
CO	2 MEDICAL EXAMINE		and/or Investigation	n, in my opinion,	death occured at the	time, data and place, a	nd due to the c	cause(s) and manner as stated.
O BE	1164	Mo			29c, LICENSE NUI	MBER		13/43
	Silen Wette	O COMPLETED CAUSE OF DEATH			n Rd	#265		
	31. DATE FILED (MONTH), Day, Year) AUG 1 8 199	32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 32. REGISTRAR'S SIGNATION 33. REGISTRAR'S SIGNATION 34. REGISTRAR'S SIGNATION 35. REGISTRAR'S SIGNATION 36. REGISTRAR'S SIGNATION 36. REGISTRAR'S SIGNATION 37. REGISTRAR'S SIGNATION 37. REGISTRAR'S SIGNATION 38. REGISTRAR'S SIGNATION 38. REGISTRAR'S SIGNATION 38. REGISTRAR'S SIGNATION 39. REGISTRAR'S SIGNATION 39. REGISTRAR'S SIGNATION 30. REGISTRAR'S SIGNA	URE					
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	DESCRIPT NAME (First, Middle, Last) Security NAME (If not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not institution, give a security name (if not not name) 10e. STREET AND NUMBER 25	DESCRIPTIVE NAME (FIRST, MIGGIG, Last)	TREGISTAR CFIRST. Middle, Last) DESCRIPT S NAME (First, Middle, Last)	DESCRIPTS NAME (Prof. Modis. Latt) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution, pive street and number) See FIGURY HAME (In on institution) See FIGURY HAME (I	Security Numbers Security Nu	TRECISTRATE OF DEATH SECOND CERTIFICATE SEC	THE DESTRAY OF DEATH SECONT HUMBERS SECONT H

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BALTIMORE. MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	
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WE GW	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the infled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	DODTANT If form 29 is marked on them 29 should say interest on other featureds arrest the modified arrest to a
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Howard F. Lindt, Jr. YEAR August 15,1993 3:15 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 217-26-3980 1 M M 2 | F DAYS HOURS 64 YRS. March 4, 1929 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 7206 Waldman Avenue Edgemere Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Edgemere 1 - YES 2 NO 10a. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7206 Waldman Avenue 21219 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pt

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Professional Chauffer 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 듆 Howard F. Lindt, Sr. Marie Groff BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7206 Waldman Ave. Baltimore, Md. 21219 Lindt pe 20a. METHOD OF DISPOSITION

130 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State OATE 4 ☐ Donation 5 ☐ Other (Specify) Oak 8/19 awn Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk 23. PART I. Enter the diseases, or complications that caused the distribution. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Just Contr, add adom Corcham. resulting in deathi CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO polonos COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT; If Item 2 29e. CERTIFIER (Check only 1) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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Ballen

32 REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Broady

0-1815

DHMH-16 Rev 1/89

8-18-83

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

|--|

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JOHN ANDREW MOU	FDV				MONTH	DAY TOO TEAL	R
						August 17		4:40 am
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HMS.	7. DATE OF BIRTH	8. Bit	RTHPLACE (State or Foreign
1 .	215-16-9343	¥XM 2 □ F	71 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 3, Year)	921 Ma	ary land
	9a. FACILITY NAME (If not institution, give	street and number)		Sh CITY TOWN	OR LOCATION OF D			
<u>~</u>				SO. CITT, TOWN	ON LOCATION OF D	EAIH	9c. COUNTY O	F DEATH
0	3545 Greenmount	Avenue		Balti	more		}	
5								
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	ITION			10d. INSIDE CITY LIMITS?
ā	Maryland		Ba1	timore				1 ▼ YES 2 NO
=	10e. STREET AND NUMBER		1 2 4 2		M. ZIP CODE		100 CITIZEN O	F WHAT COUNTRY?
FUNERAL	25/5 0	. 141					log. Officely o	WINT COOKINIT
빌	3545 Greenmou				21218		U.S	S.A.
5	11. MARITAL STATUS	12. WAS DECEOENT E FORCES? 1	VER IN U.S. ARMED	13. WAS DE	CENOENT OF HISPA	NIC ORIGIN? (Specify Y	na or No- 14. R.	ACE — American Indian,
BY I	1 Never Married 2 Married	IF YES, GIVE WAR	OR DATES		8 2 [☑] NO Speci	an, Puerto Rican, etc.)	100	lack, White, etc.
	3 Widowed 4 Divorced				Y.	,	"	White
03	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BI	JSINESS/INDUSTR	
	(Specify only highest grad		(Give kind of a	work done during man retired.)	ost of working			•
اخ	Elementary/Secondary (0-12)	College (1-4 or 5+)						
Z.	12 years		Mechani	C		Autom	obile	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
	Charles J. Mouer	rn.			Tdo C			
BE	18s, INFORMANT'S NAME (Type/Print)	<u> </u>	105 MARING	100000000000000000000000000000000000000	Ida Cı	1510 Route Number, City or To		
2	Salving and the salving and th							
	Frederick Mouery			Ft. Sma	llwood Ro	l. Pasaden	a. MD 21	122
	20s. METHOD OF DISPOSITION 1 SyBuriel 2 ☐ Cremation 3 ☐ Hen		20b. PLACE AND DATE	OF DISPOSITION /A	ame of	DATE 20c. L	OCATION — City or	Town, State
	4 Donation \$ DOther (Specify)	NOVEL FROM STATE	Parkwood	Cemeter	y August	: 19 Ba	ltimore,	MD
1 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ()		22 NAME A	ND ADDRESS OF FA			
	(Mours Be	aph Body				defeld Hom	o Inc	
	Thomas Idear	h Bozek						0.7.0
	23. PART I. Enter the diseases, or	complications that complications	sused the death. Do r	of enter the m	TOTA RU	Baltimor	e MD ZI	
	shock, or heart failure.	List only one ceuse	on each line.		out of dying, and	in an Cardiec of Teal	matory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	1 1	1					Onset and Death
	disease or condition resulting in death)	. Listert	ster bladel	O. PAMI				NUIDAY
1 1		OUE TO (OF	AS A CONSEQUENCE OF	F):	4.			1/601
-								i l
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OF	AS A CONSEQUENCE OF	n.				
F	if any, leading to immediate Cause. Enter UNDERLYING							
일	CAUSE (Disease or Injury							
眉目	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE OF	7:				
1 1 1	resulting in death) LAST	d						
	BART II Cabas significant and dis-							
DICAL	PART II. Other significant condition	na contributing to de	ath but not resulting i	In the underlylr	g ceuse given in	Part I. 24s. WAS AS	NAUTOPSY 2	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
일						1 _ YES		COMPLETION OF CAUSE
r w s						TO TES	2 30, 110	OF DEATH?
Σ								1 NES 2 NO
PHYSICIAN:								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
S	1 TYES 2 TONO		VOutpatient 3 DOA	OTHER:	ne San Residence	8 Other (Specify)		
Ê	27. MANNER OF DEATH	28s. DATE OF INJ	URY 286. TIM		JURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending	(Month, Day,	(bar) INJ	URY W	YES 2 NO			
B	2 Accident investigation							
ا ۾ ا	3 Suicide 6 Could not be	26e. PLACE OF IN building, atc.	IJURY — At home, farm, a (Specify)	treet, factory, offic	in .	281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
2	4 Homicide detarmined						,	
ا ۳	290, CERTIFIER	CIAN. To the head of	Land de la land					
COMPLET	(Check only one)	TO AN IO THE DEST OF MY	knowledge, death occurre	o at the time, date	and place, and due	to the cause(a) and ma	nner as stated,	
Ϊ́Ω	2 MEDICAL EXAMINI	ER: On the beala of exam	ination and/or investigatio	n, in my opinion,	death occured at the	time, data and place, a	nd due to the caus	e(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R/1			29c. LICENSE NUI	MBER	29d DATE SIGN	ED (Month, Day, Year)
ω	(Yn. V)	Mu a a			D1657		D 8/	7/2-
인	30. NAME AND AODRESS OF PERSON WI	O COMP ETED CAUSE	DE OFATH STEAL OF CO	Deleta	3.037	(0//	+173
	\mathcal{D}_{1}	l .						
	taul Chang, ma		5601 Loch 1	Raven Bl	vd. Balt	imore. MD	21 239	Suite 107
1/)	31. DATE FILED (Month, Com Yellr)	32. REGISTRAR'S	SIGNATURE					JULIU IV/
10	AUG 1 8 19	103 Julia	Savidson Band	0.	-,			
السيبا	AUB I VIS	0	I-C)07 V-1/11/A	A 77V	-	~ ~		
								DHMH-18 Rev 1/89

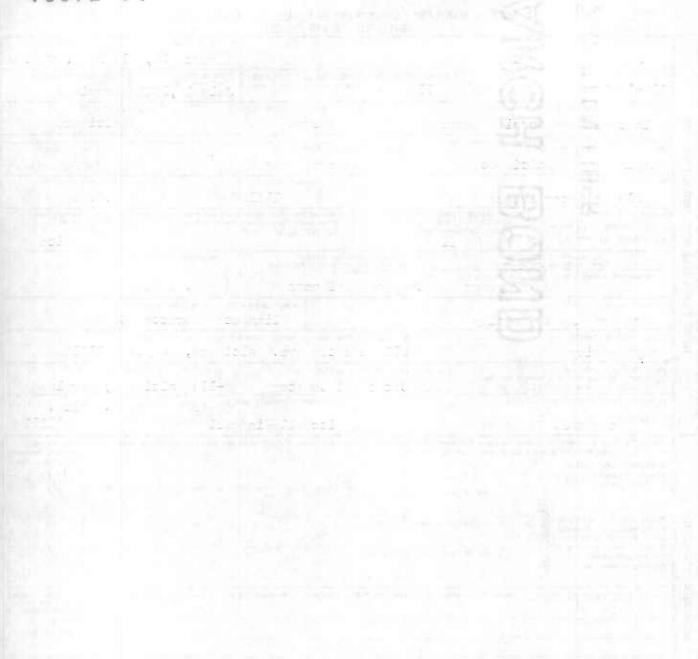
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATI	= OF	DEATH	REG. NO),	
1. DECEDENT'S NAME (First, Middle, Liss JOSEPH PAT	n RICK MEDA	AIRY				2. DATE OF OEATH MONTH August	14,	3. TIME OF DEATH 1993 6:00 A.
4. SOCIAL SECURITY NUMBER 214-18-2880	5. SEX 8	. AGE (In yrs. lest birthda	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 26,	1922	6. BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give	etreet end number)		9b, CITY	TOWN (OR LOCATION OF DI		-	NTY OF DEATH
Dulaney-Towson N			Tows				Baltimore	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	ity	1 400	CITY, TOWN (DD 1 004	FIGN			
	aryland Baltimore Rodgers							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
312 Regester	Avenue				21212	2		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT E FORCES? 1X IF YES, GIVE WAR	YES 2 NO		If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	e or No—	14. RACE — American Indien, Black, White, etc. Specify: White
15, DECEDENT'S EI		16a, DECEDENT	T'S USUAL O	CCUPATION	ON	16b. KIND OF BU	SINESS/IND	
(Specify only highest gra	de completed) College (1-4 or 5 +)	(Give kind	of work done Tuse retired.)	during mo	est of working			
Lienarda y Cooking (O-12)	2 years	Corp	f Eng	ine	ers	U.S.	Army	
17. FATHER'S NAME (First, Middle, Last)	-					ME (First, Middle, Meider		
Bernard John	Medairy				the second second second second	oeth Lore		Codd
19e. INFORMANT'S NAME (Type/Print)	rearry	405 405 11	NO ADDDES	0 /0				
						Route Number, City or Too		
Mary Medairy						ltimore, M		
20e. METHOD OF DISPOSITION M□ Burlel 2 □ Cremation 3 □ Re	moval from State	20b. PLACE AND DA						City or Town, State
4 Donation 5 Other (Specify)		New Cath	edral	Cen	netery	8-17 Ba	ltimo	re, Maryland
21. SIGNATURE OF FUNERAL SERVICE George J. F 23. PART I. Entar tha diseases, o	errarse	aused the death. D	М	itch		defeld Hom	е	Rd. Balto. MD 21212
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. DUE TO (O	R AS A CONSEQUENCE	OF):					Interval Betw Onset and D
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE	_					
	d							
PART II. Other significant conditi	one contributing to de	aath but not reaultin	ig in tha ur	nderlyln	g cause given in		RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00.00	ACE OF BEATH (C)			
EXAMINER?	HOSPITAL:		OTHE	R:	LACE OF DEATH (Ch			
1 VES 2 10		R/Outpetient 3 DO/	4 8 Nur	sing Hon		6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF IN (Month, Day,		FIME OF INJURY M	WC	DRK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OC	CUREO
3 Suicide 6 Could not b	26e. PLACE OF I	NJURY At home, fare c. (Specify)	n, street, fec	tory, offic	•	281. LOCATION (Street City or Town, Stets		or Rurel Route Number,
onel	SICIAN: To the bast of my							ed. e ceuse(s) and manner ee state
196. SIGNATURE AND THE OF CERTIF	Mon	0			29c. LICENSE NUI	MBER 7 L	29d. DAT	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Y	SHOW COMPLETED CAUSE	OF DEATH (ITEM 27) (7	po, Print).	T	506 12	O Siste	NP	iery M. 712
AUG 1 8 1993	Fulia David	SIGNATURE Son-Pandolle	(5)					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mous after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



REG. NO.

FOR STATE REGISTRAR

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d by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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IL MUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retaine	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	cremati
cuted	100 p	unial,
exe	In an	0
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1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN ROS ALIE 93 12:15 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS (Morith, Day, Year) 10/23/1925 219 10 7992 1 - M 2 - F 67 Maryland use as the bunial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Harbor Hospital Center DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3 Appian Way U.S.A. 21122 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerlo Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, atc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerlo Ri 1 YES 2 X NO Specify: BY IF YES, GIVE WAR OR DATES 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementery/Secondary (0-12) College (1-4 or 5+) Housewife Home Maker once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumama) Andrew Borkoski Margaret Kalanowski notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Charles Morgan V 6431 Wilben Road Linthicum, Maryland 21090 pe 20e. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Cedar Hill Cemetery 4 Donation 5 Other (Specify) 8/14 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 medical 23. PÁRT I. Entar the disessa, or complications that caused the de-ahock, or heart failus. List only one cause on each line. lications that causad the deeth. Do not entar the moda of dying, auch as cardiac or respiratory errest, Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF reaulting in deeth) event, or other traumatic DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF that initieted events resulting in death) LAST 23 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) or Item HOSPITAL: 1 YES 2 NO OTHER (inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Reeldence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural
2 Accident 1 YES BΥ 2 NO 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, atc. (Specify) 00 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 500 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my kno riedge, death occurred at the time, data and pieca, and due to the ceusals) and manner as stated IMPORTANT: If MEDICAL EXAMINER: On the basis my opinion, death occured at the time, date end place, end due to the cause(s) end menner as stated. BE 29d. DATE SIGNED (Month, Day, Year) dily (m) 王王等 8 3 2 2 3 2 HARRED HOSP CTR. RALTIM RF. OND 32. REGISTRAR'S SIGNATURE Julia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1 - STATE STATE CF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
1. DECEDENT'S NAME (First, Middle, Last)	MILLED		M.	11-0	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		(In yes last hirthday)	E INOED 1 YEAR	ILEK			HPLACE (State or Foreign		
231 18 9724		,	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	rginia		
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF			
	AL MEDICAL C	ENTER	SALIS	BURY		WICOM	ICO		
	Υ	10c CIT	/ TOWN OR LOCA	TION			Lucinos		
Maryland Some	reet Count						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER		<u>y 1 P</u>			1	10g. CITIZEN OF	WHAT COUNTRY?		
30531 Bardwe	ll Drive			2	1853	USA			
11. MARITAL STATUS			13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14. RAC Blac	E — American Indian, ck, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D					Spec			
15. DECEDENT'S EDU	CATION COMPOSITE OF	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	WILLCE		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ist of working	Mainta	inance			
						,			
19a. INFORMANT'S NAME (Type/Print)	·	19h, MAILING	ADDRESS (Street a						
	ler						1052		
20s. METHOD OF DISPOSITION	200	. PLACE AND DATE C	FDISPOSITION (No						
4 Donation 5 Dither (Specify)	1								
21. SIGNATURE OF BONERAL SERVICE LI	Bonald I	Wade, Di			beace	Anatom	yBoard		
Manual)	Wille	/	- 1				,MD21201		
23. PART i. Enter the diseases, pr shock, or heart failure.	complications that ceused List only one ceuse on a	the death. Do n ach line.	ot enter the mo	de of dying, suc	h as cardiac or respir	atory arrest,	Approximata interval Between		
IMMEDIATE CAUSE (Finel disease or condition	M	1.0 ~	10	1-			Onset and Death		
resulting in death)	a. // Ly Card	CONSEQUENCE OF	mpare	lean					
	b.		•				į		
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Diseese Dr Injury	C. DHE TO (OR AS A	CONSEQUENCE OF	3.	<u> </u>					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d									
PART ii Other cignificant anaditing	o.								
PART II. Other eigniticent condition	e contributing to death b	ut not resulting i	n the underlying	g ceuse given in			MERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
					1 TYES 2	□ NO	OF DEATH?		
							1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
1 TES 2 NO		etlent 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residenca	8 Other (Specify)				
_	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED			
2 Accident Investigation	28a. PLACE OF INJURY	— At home, ferm, e	" '	/	ON LOCATION (Co	-111 - 1 - 2 - 1			
4 Homicide 8 Could not be	building, etc. (Spec	cify)	reet, factory, offic		City or Town, State)	nd Number or Hurei	Houte Number,		
29a. CERTIFIER	ICIAN: To the beat of my know	ledge, death occurre	d at the time, date	and place, and due	to the causele) and men	ner on elelad			
Crieda oriny							e) end menner ea stated.		
one) 2 MEDICAL EXAMINE	R: On the basis of examination		29s. CERTIFIER (Check only one) 29s. MEDICAL EXAMINER: On the beats of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beats of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)						
2 MEDICAL EXAMINE				29c. LICENSE NUI	WBER	29d. DATE SIGNED			
296. SIGNATURE AND FITLE OF DESCRIPTE	-, HO			D13	289				
2 MEDICAL EXAMINE	-, HO	ATH (ITEM 27) (Type,	Print)	013:	289	▶ 8-1	0 (Month, Day, Year)		
296. SIGNATURE AND FITLE OF DESCRIPTE	-, HO	ATH (ITEM 27) (Type, 313 L		013:	289 Lane, Sal	▶ 8-1	0 (Month, Day, Year)		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) JULIAN A. 4. SOCIAL SECURITY NUMBER 231 18 9724 9a. FACILITY NAME (If not institution, give PENINSULA REGION RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Some 10c. STREET AND NUMBER 3 0 5 3 1 Bardwe 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDIC, Specify only highest grade Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, Last) Israel Miller 19a. INFORMANT'S NAME (Type/Print) ROSemary Mil 20a. METHOD OF DISPOSITION 1 DUMBED 2 CREMESION 23 PART I. Enter the disease, Dringury 14. Signature of Schemal Service Li MMEDIATE CAUSE (Finel disease Dr condition resulting in death) 23 PART II. Enter the disease, Dringury that initiated events resulting in death) 24 Secunitially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1. DECEDENT'S NAME (First, Middle, Last) JULIAN A. MILLER 4. SOCIAL SECURITY NUMBER 2 3 1 18 9724 S. SEX 1 M 2 F F F F F F F F F F F F F F F F F F	1. DECEDENT'S NAME (First, Middle, Last) JULIAN A. MILLER 4. SOCIAL SECURITY NUMBER 2 3 1 18 9 7 2 4 9a. FACILITY NAME (# not institution, pive street and number) PENINSULA REGIONAL MEDICAL CENTER PENINSULA REGIONAL MEDICAL CENTER PENINSULA REGIONAL MEDICAL CENTER PENINSULA STATE 10b. COUNTY 10c. STATE 10c. STATE 10b. COUNTY 10c. STATE 10c. STATE 10c. STATE 10c. STATE 10c. COT Maryland Somerset County P 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO FORCES. 1 VES 2 NO FORCES. 1 1. DECEDENT'S NAME (First, Micdis, Last) JULIAN A. MILLER 4. SOCIAL SECURITY NUMBER 2.3 1 8 9724 (SEx.2 F 73 YRS) 9a. 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TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 Is marke

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

3 Suicide

4 Homicide

permit.

Item: 8 per F.H. 8/18/93 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH TO Wo B MATTHEWS LEONARD JR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 F YRS. 220-86-1776 2-20-1971 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE UNIVERSITY HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY TOWN OR LOCATION MD. BALTIMORE CITY 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6520 FALKIRK ROAD 21239 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) LEONARD MATTHEWS SR. MARIA WRIGHT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EONARD MATTHEWS SR FALKIRK ROAD, BALTIMORE, MD. 20e. METHOD OF DISPOSITION

1 A Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) ZION CEMETERY BALTIMORE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 2123; P.O. BOX 4433 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disesse or condition GUNSHOT WOVEM OR GASSI resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the undarlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

AVE

/1993

1 TYES 2 NO

Approximate

Interval Between

Onset and Dasth

24090

3. TIME OF DEATH 10:58

BIRTHPLACE (State or Foreign Country)

BALTIMORE, NO

10d. INSIDE CITY

14. RACE — American indian, Black, White, etc.

1 X YES 2 NO

9 3 AR

USA.

Specify

BLACK

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIXI YES 2 INO	26. PLACE OF DEATH (Check only one)						
	HOSPITAL: 1 ☐ Inpetient X X ER/Outpatient	3 DOA	OTHE		nce 6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TII	E OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED		

X 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident

6 Could not be

08/10/93 10:23A 1 YES 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

STREET

SUBJECT WAS SHOT 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

1000 ARGYLE

29e. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end d	lue to the cause(e) end manner as stated
one)	A MANUAL EVANUED OF THE PARTY O	. Contract of	and the second s

on, death occured at the time, date and place, and due to the cause(e) and menner as stated GRATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

M

Nor ONESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M Penn Street Baltimore Maryland 21201

31. DATE FILED (Month, Day, Year)
AUG 1 8 1993

burial-transit urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 for use as the detached 2 funeral director, page 5 should has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

HEGISTHAH												
1. DECEDENT'S NAME (First, A	iddie, Lest) LIAM	THOMAS	NAPI	ER M	ARTI	N	VIII	AUGU	ST 11	, 19	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217 22 954		5. SEX	6. AGE (In yrs	. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	1.4	Count	
9a. FACILITY NAME (If not insti			13		as CITY	TOWAL (OR LOCATION OF D		8/19		Car	nada
Harbor Ho			-			time		City			JNIY OF D	
RESIDENCE OF DECE	~	i center			Dai	CIM	ore .	CILY				
	Ob. COUNTY	1		10c. Cl	TY, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
Maryland	Ann	e Arunde	21	L	inthi	cum						LIMITS?
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
6845 Balti	more	& Annano	lis R1	vd.			21090			1	U.S.A	1
11. MARITAL STATUS	OEC	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yea			
1 Never Married 2 M M 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE Y	YES 2			If yes, sp	ecify Cuban, Maxico	en, Puerlo Ric			Spec	E — American Indian, k, Whita, atc. //y: White
15. DECEL (Specify only I	ENT'S EDU		18a.	DECEDENT'S	USUAL O	CCUPATIO	ON	16b. K	IND OF BUS	SINESS/IN	DUSTRY	WILCE
Elementary/Secondary (0-1:		College (1-4 or 5	+)	life. Do NOT u	se retired.)	aunng mo	st of working					
	2 years Mill Wright Local					ocal	1548	3				
17. FATHER'S NAME (First, Mide							18. MOTHER'S NA	AME (First, Mic	ldle, Maiden	Surname)	100	
	R	Russell	Martin	1			E1:	izabet	h I	Fraz:	ier	
194. INFORMANT'S NAME (Typ	/Print)			19b. MAILING	ADDRESS	S (Street a	and Number or Rural	Route Number	City or Town	n, State, Zi	ip Code)	2100
Kathryn Ma	rtin			6845	Balti	imor	e & Anna	polis	B1vd	. Li	nthi	cum, Md.
20a. METHOD OF DISPOSITIO			20b. PLA	CE AND DATE				DATE			City or To	
		oval from Stata	aamataa	annatan. ar	thee steed							e, Marylar
1 X Buriel 2 Cremation 4 Donation 5 Other (S			OTC.	II HUVC	-11 110		ND ADDRESS OF FA		J GTG	=11 D(AI. III.C	-, Mary Lai
4 Donation 5 Other (S	SERVICE LIC	ENSEE										
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

93 24092

	1 - STATE REGISTRAR		CERT	IFICATE O	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		MEAN	3. TIME OF DEATH		
	TALBERT		Mo	FADDEN		монти 0 8	11	93	1907 M		
	A STATE OF THE PARTY OF THE PAR	SEX (XM 2 D F	5. AGE (In yrs. lest birthd	MONTHS DAVE		7. DATE OF BIRTH (Month, Day, Ye 8 - 25 - 3	5"	S O U	HPLACE (State or Foreign ITH_CAROLINA		
OR	96. FACILITY NAME (If not institution, give street 2608 ROBB STREET	· ·		9b. CITY, TOWN	OR LOCATION OF D			OUNTY OF			
DIRECT	100. STATE MARYLAND 10b. COUNTY		10c. B A	CITY, TOWN OR LOCAL TIMORE	ATION				10d. INSIDE CITY V JMITS? 1 YES 2 NO		
ERAL	10e. STREET AND NUMBER 2608 ROBB STREET				21218			WHAT COUNTRY? STATES			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R OR DATES	TAMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify A							
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	INDUSTRY	•								
MP	11 TH		CARI	PENTER							
BE CO	17. FATHER'S NAME (First, Middle, Leet) ANTHONY MC FADE	DEN			18. MOTHER'S NAME (First, Middle, Malden Surname) BELL KENNEDY						
10	190. INFORMANT'S NAME (Type/Print) LINDA D. SIMPK	INS	196. MAIL 9.2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 921. N. HI11 RD., BALTIMORE, MARYLAND 21							
	20s. METHOD OF DISPOSITION 1\(\bigcap \) Buriel 2 \(\bigcap \) Cremetion 3 \(\bigcap \) Removal 4 \(\bigcap \) Donation 8 \(\bigcap \) Other (Specify)	from State		TEOF DISPOSITION			c. LOCATION ARBUT		Own, State MARYLAND		
	21. SIGNATURE OF FUNERAL DETRY DE LICENS	for t	1 Jour		C. MAR		1101	F. N	IORTH AVE.		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lar Dise	ease		Onset and Death						
DICAL	PART II. Other algorificent conditions of TOBACCO USE	ontributing to d	eeth but not reaulti	ng in the underly	ng ceuse given ir	PE iX X	S AN AUTOPS REFORMED? ES 2 \(\subseteq \text{NO} \)	SY 24	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? XX YES 2 \(\sqrt{N}\) NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (C	heck only one)					
PHYSICIAN: ME	1 YES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home									
TED BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, far c. (Specify)		M 1 YES 2 NO street, factory, office 28f. LOCATION (Street and Number or Rural Route City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0								(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		te lus		O . C . I		29d. [08/1	12/1993		
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE			eet, Ba	ltimore	, Mai	cylar	nd 21201		
4	AUG 1 8 1993	32. REGISTRAR	s signature widson-Rando	102							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Anours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfluence filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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this certificate has been signed by the attending physician and completely filled in by the funeral	n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIE		
2.00	1. DECEDENT'S NAME (First, Middle, Last)	e H. Mil	buRN			2. DATE OF DEATH	16 1	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-09-3366 90. FACILITY NAME (If not institution, give:	1 🗆 M 2 🗷 F 77	YRS.	F UNDER 1 YEAR ONTHS DAYS b. CITY, TOWN C	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Dec. 28,	1915	a. BIRTHPLACE (State or Foreign Country) Maryland VTY OF DEATH
DIRECTOR	The Union Memor				ore City			
	Maryland	¥		imore	ION			10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO
FUNERAL	3407 Juneway				21213		10g. CITIZ	ZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC If yes, spe 1 YES	ENDENT OF HISPAN Icify Cuban, Mexican ENDENT Specify.	s or No-	14. RACE — American Indian, Black, Whita, etc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) N/A 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Johns Ho 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sur								. 4
COMF	N/A N/A Personnel Johns Hopkins Hosp 17. FATHER'S NAME (First, Middle, Last) Sol Binswagner Joy Heaps							ns Hospital
TO BE	19e. INFORMANT'S NAME (Type/Print) Lawrence Milburn	(Son)			nd Number or Rural R	oute Number, City or Tox		Code)
	20s. METHOD OF DISPOSITION 122 Duriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20b.	PLACEAND DATE OF etery, crematory or other	oisposition (Na r plece) Memori	al Park	0ATE 20c. LG	ocation — o	city or Town, Stata re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Schimu	nek Fune	ral Homes	. Inc	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on as a	t IIna.	antar tha mo	da of dying, such	as cardiac or resp	ilratory arre	est, Approximata interval Between Onset and Death
Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): and weters takes to request the initiated events resulting in death) LAST Due to (or as a consequence of): d. Lynn words								
PHYSICIAN: MEDICAL	PART II. Other significant condition	as contributing to death by	, ,		cause given in i	Part I. 24a. WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCI	URED
							or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge: On the beels of examination	edge, death occurred a and/or investigation, i	it the time, dete	and place, and dua t	to the cause(a) and me	nner as state	ed. e cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNEO (Month, Day, W.) 35740 ACCOUNTY US T 10							SIGNED (Month, Day, Year)	
-		ine 30	1 St Pa	we Pl.	Ba	ilproop	an	21202
	AUG 1 8 1993	32. REGISTRAR'S SIGNA	ATURE dell.				_	

ARYLAND Do. STREET AND NUMBER 27 FUST D. MARITAL STATUS X Never Married 2 Mar Widowed 4 Divorced 15. DECEDE (Specify only high Elementary/Secondary (0-12) UNKNOWN 7. FATNER'S NAME (First, Middle)	AVENUENT DENT DENT DENT DE COUNTY BUTING AV FING AV FING AV 12. Let Last) RY MERS AVENUE LICENS RY MERS AVENUE LICENS BERVICE LICENS BERVICE LICENS AVENUE LICENS BERVICE LICENS	JENUE JE	PRE NT EVER II 1 YES WAR OR D. 20th common of Course of Course on e	N U.S. ARMED 2 NO ATES 16a. DECED (Give k life. Do 19b. M. 2 D. PLACE AND Defery, cremate REEN	PENT'S U DEL CITY, D	BA: TOWN OF CAT 13. W If 1 13. W If 1 15. UAL OCC PORT done of relified.) DMEMA ADDRESS MARY F DISPOSIT 122. N A. 38	TOWN O DAYS TOWN O TOW	21 ENDENT Cooling Cubes 2 K No ON st of working 18. MOTH	E E E E E E E E E E E E E E E E E E E	ME (First, Midian ALLEN ALLEN DATE 8/93 CILITY JR. VENUE	Specify Yee or an, etc.) Specify Yee or an, etc.) City or Town, S TIMORE 20c. LOCAT BALT FUNER, BALT	BALT I BALT I Og. CITIZEN C US NO 14. B S ESS/INDUSTR THORE IMORE AL HON IMORE	IRINPLACE (SUMMY) MARYLA F DEATH 10d. IN I I I I I OF WHAT CO SA RACE — Ameliack, White, ppecify: WI Y Y Y LAND Y Y MARY ME MARY ME MARY	SIDE CITY MITS? ES 2 NO PUNTAY? Pricen Indien, atc. HITE 21218 YLAND 21211 YLAND pproximata
De STREET AND NUMBER 27 FUSTING DESIDENCE OF DECED DE STATE 100 ARYLAND DE STREET AND NUMBER 27 FUST MARITAL STATUS Never Married 2 Mar Specify only hig Elementary/Secondary (0-12) UNKNOWN FATNER'S NAME (First, Middle HARR DE INFORMANT'S NAME (First, Middle HENRY HAMMON DE STREET AND NUMBER 27 FUST MARITAL STATUS NOT COMPANY DE STREET AND NUMBER 28 PART I. Enter the disease shock, or head MMEDIATE CAUSE (Final lisease or condition	AVENUE DENT DE COUNTY BETING AV PING AV PING AV PING AV PING AV PING AV PING AV RY MERS AVPrint) RY MERS AVPrint) RERVICE LICENS BERVICE LICENS BERVICE LICENS	and number) UE BALTIMO VENUE WAS DECEDEN FORCES? IF YES, GIVE V. ON poloned) Thom State SEE	PRE NT EVER II 1 YES WAR OR D. 20th common of Course of Course on e	N U.S. ARMED 2 NO ATES 16a. DECED (Give k life. Do 19b. M. 2 D. PLACE AND 10fery, oranged	DENT'S U DIGITAL OF THE PROPERTY OF THE PROPER	9b. CITY, BA TOWN OF CAT 13. W 11 1 13. W 11 1 DISUAL OCCORR done of or retired.) DMEMA ADDRESS MARY F DISPOSIT 22. N A. 38	TOWN OF LTI	PR LOCATION WILL ZIP CODI 21 ENDENT OF st of workin 18. MOTH TERY D ADDRES AN S ROLA	E E E E E E E E E E E E E E E E E E E	ME (First, Mid ALLEN DATE 8/93 CILITY JR. VENUE	Specify Yee or an, etc.) Specify Yee or an, etc.) City or Town, S TIMORE 20c. LOCAT BALT FUNER, BALT	Dec. COUNTY OF BALT I	MARYLA MARYLA OF DEATH 10d. IN LII 1	AND SIDE CITY MITS? ES 2 X NO PUNTRY? PICTOR Indian, atc. HITE 21218 YLAND 21211 YLAND PPPTOXIMATE
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ARYLAND De. STREET AND NUMBER 27 FUST I. MARITAL STATUS X Never Married 2 Mar Widowed 4 Divorced Specify only hig Elementary/Secondary (0-12) UNKNOWN FATNER'S NAME (First, Middle HARR De. INFORMANT'S NAME (First, Middle HENRY HAMMON De. METHOD OF DISPOSITION Donation 5 Other (Specific Specific	ENT'S EDUCATION IND TING AV 12. 12. 12. 14. 15. 16. Last) RY MERS NPrint) ND 15. 16. Removal 16. Last) 16. Removal 16. Removal 16. Removal 16. Removal 16. Removal 16. Removal 16. Removal 16. Removal	VENUE WAS DECEDENT FORCES? IF YES, GIVE V ON spletad) Oliege (1-4 or 6	NT EVER III 1 YES WAR OR DO +) 20th com G ot coulsecuse on e	N U.S. ARMED 2 NO ATES 16a. DECED (Give k life. Do 19b. M. 2 PLACE AND netery, cremate	DENT'S Use of the did of work of the did of work of the did of the	Isual ocork done do no d	TONS 101. 102. 103. 104. 105. 106. 107. 108.	21 ENDENT Cooling Cubes 2 K No ON st of working 18. MOTH	228 F HISPAN Mexican Specify OF PART OF F ALL SE OF FAA EIT Z ND A	ME (First, Michael Number, BAL DATE 8/93 CILITY JR. VENUE	Specify Yee or an, etc.) IND OF BUSINI City or Town, S TIMORE 20c. LOCAT BALT FUNER BALT	INO 14. B S ESS/INDUSTR The second of the s	LII Y POP WHAT CO SA AACE — Ame Slack, Write, Black, Write, WH Y LAND W Town, Slate MARY ME MARY	MITS? ES 2 1 NO PUNTRY? Pricen Indien, atc. HITE 21218 YLAND 21211 YLAND Ppproximata
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Never Married 2 Mar Widowed 4 Divorced	ENT'S EDUCATIN General Properties RY MERS ND RYPrint REPRICE LICENS BERVICE LICENS BERVICE LICENS	FORCES? 1 IF YES, GIVE Y ON appleted) Oollege (1-4 or 6	+) 20bcent ceulsecuse on e	16a. DECED (Give k life. Do	HO AlLING A 738 DATE OF	ADDRESS MARY FDISPOSITE CITY 22. N. A	YES CCUPATION (Na (Street or LAN TION (Na EMET IAME AN AL 318	18. MOTH 18. MOTH 18. MOTH 18. MOTH 18. MOTH 19. AV 19. AV 19. AN 19.	n, Mexicas Specify ng NER'S NAI EVA OF RUTH F ENUE 8/1 SS OF FAA EIT Z ND A	ME (First, Michael Number, BAL DATE 8/93 CILITY JR. VENUE	city or Town, S TIMORE 20c. LOCAT BALT FUNER, BALT	stere, Zip Code, MARY IMORE, AL HON IMORE,	Slack, White, Specify: WI YY YLAND YLAND MARY ME MARY	21218 21211 YLAND 21211 YLAND pproximate
(Specify only high Elementary/Secondary (0-12) UNKNOWN I. FATNER'S NAME (First, Middle HARR) II. INFORMANT'S NAME (Type/ HENRY HAMMON Do. METHOD OF DISPOSITION Donation 5 Other (Spe.) I. SIGNATURE OF FUNERAL SE Shock, or head shock, or head shock, or condition MMEDIATE CAUSE (Final lisease or condition	ile, Last) RY MERS ND Service Licens BERVICE LICENS BERVICE LICENS	SON from State SEE plications the only one cat	20b com G	19b. M. 2 D. PLACE AND END OF COMMENT OF THE PROPERTY OF THE P	HO AILING A 738 DATE OF	ADDRESS MARY FDISPOSI 122. N A. 38	AKER (Street e. YLAN TION (Na EMET HAME AN AL B18	18. MOTH 18. MOTH ID AV IMPORT ID AN S ROLA	NER'S NAI EVA FOR RUTE! F ENUE 8/1 SS OF FACE EIT 2 ND A	ME (First, Mich ALLEN Route Number, BAL DATE 8/93 CILITY Z, JR.	City or Town, STIMORE 20c. LOCAT BALT FUNER, BALT	name) Note, Zip Code, MARY NON — City o IMORE, AL HON IMORE,	yLAND YLAND of Town, State MARY	YLAND 21211 YLAND
HARR HARR HENRY HAMMON Burlel 2 M Cremeilon Donetton 5 Other (Spot) Signature Of Funeral St 13. PART I. Enter the disease or condition	RY MERS ND A 3 Gemoval BERVICE LICENS ABOBA, Or COM.	SEE	et ceuses	D. PLACE AND Detery, cremate REEN 1	AILING A 738 DATE OF	MARY FDISPOSIT Let place! NT CI 22. N A. 38	(Street of LAN TION (No EMET) HAME AN AL 318	nd Number TD AV THE OF TERY TO ADDRESS AN S ROLA	EVA OF RUTEL F ENUE 8/1 SS OF FACE EIT Z ND A	ALLEN Coute Number, BAL DATE 8/93 CILITY Z. JR. VENUE	City or Town, S TIMORE 20c. LOCAT BALT FUNER BALT	, MARY IMORE, AL HON IMORE,	YLAND or Town, State , MARY ME , MARY	YLAND 21211 YLAND
HENRY HAMMON De. METHOD OF DISPOSITION De. METHOD OF DISPOSITION De. Donetion 6 Other (Speins) Donetion 6 Other (Speins) Description Descr	ND 1 3 Removal specify BERVICE LICENS ABBBB, or com.	SEE	et ceuses	D. PLACE AND Detery, cremate REEN 1	738 DATE OF MOUN	MARY FDISPOSITION OF DISPOSITION OF	TION (Na EMET IAME AN AL B18	ID AV ID AV IT ERY ID ADDRES AN S ROLA	ENUE 8/1 ss of fac EIT Z ND A	BAL DATE 8/93 CILITY JR. VENUE	Chy or Town, S TIMORE 20c. LOCAT BALT FUNER BALT	, MARY ION - CHY o IMORE AL HON IMORE	YLAND or Town, State , MARY ME , MARY	YLAND 21211 YLAND
HENRY HAMMON Do. METHOD OF DISPOSITION Burlel 2 © Cremetion Donation 5 0 Other (Spi SIGNATURE OF FUNERAL SI 3. PART I. Enter the disease shock, or head MMEDIATE CAUSE (Final lisease or condition	STOREMOVEL LICENS CLASSES, OF COMP.	pplications the	et ceuses	D. PLACE AND Detery, cremate REEN 1	738 DATE OF MOUN	MARY FDISPOSITION OF DISPOSITION OF	TION (Na EMET IAME AN AL B18	D AV TERY D ADDRES AN S ROLA	8/1 ss of FAC EIT Z ND A	BAL BATE 8/93 CILITY Z, JR. VENUE	TIMORE 20c. LOCAT BALT FUNER BALT	, MARY ION - CHY o IMORE AL HON IMORE	YLAND or Town, State , MARY ME , MARY	YLAND 21211 YLAND
De. METHOD OF DISPOSITION Buriel 2 © Cremeilon Donetion 5 Other (Spi SIGNATURE OF FUNERAL SI SA. PART I. Enter the disease Shock, or heart MMEDIATE CAUSE (Final Bisease or condition	Removal pecify) BERVICE LICENS BERSON, Or comp	pplications the	et ceuses	PLACE AND Detery, cremato REEN 1	DATE OF Ony or othe MOUN	PDISPOSITION PROPERTY	EMET IAME AN AL 318	ERY ADDRES AN S ROLA	8/1 ss of fac EIT Z ND A	8/93 CILITY Z. JR. VENUE	BALT FUNER , BALT	IMORE AL HON	MARY ME MARY	YLAND 21211 YLAND
Buriel 2 10 Cremeilon Donation 5 Other (Spi 3. SIGNATURE OF FUNERAL SI 3. PART I. Enter the disease or condition	3 Removal	pplications the	et ceuses	netery cremate REEN 1	MOUN	NT CI	AL	ERY ADDRES	SS OF FAC EITZ ND A	8/93 CHUTY Z, JR. VENUE	BALT FUNER BALT	IMORE, AL HON IMORE,	MARY ME , MARY	YLAND 21211 YLAND pproximata
3. PART I. Enter the disesshock, or heart	Classes, or com-	polications the	et ceuses use on e	d the death		A. 38	AL	AN S ROLA	SS OF FAC EITZ ND A	Z, JR. VENUE	FUNER BALT	AL HON	ME , MARY	21211 YLAND
shock, or heart MMEDIATE CAUSE (Final lisease or condition	asea, or compt feliure. List	only one car	use on e	d the death	. Do no								A	pproximata
shock, or heart MMEDIATE CAUSE (Final lisease or condition	asea, or comprt fellure. List	only one car	use on e	d the death ach line.	. Do no								A	pproximata
sequantially list conditions fany, leading to immediat ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated avents esulting in death) LAST	ite 3	DUE TO	OR AS A	CONSEQUE	NCE OF):):					RDIO U DISEA			
PART II. Other algnificant	conditiona co	ontributing to	death b	out not resu	ilting In	the und	deriying	cause (given in		PERFORME	D?	COMPLE OF DEA	AUTOPSY FIND BLE PRIOR TO ETION OF CAU TH? ES 2 NO
EXAMINER?		OSPITAL:			- 14	OTHER		ACE OF D	EATN (Che	eck only one)				
MANNER OF DEATH		28a. DATE OF	F INJURY		86. TIME	OF	28c. INJ WO	URY AT		* *)ME
3 Suicide 8 Cou	uld not be	28e. PLACE (building	OF INJURY	— At home,	farm, str	reet, facto				261. LOCATE City or	ION (Street end Town, State)	Number or Ru	iral Route Nur	nber,
2 MEDICAL	L EXAMINER: O	on the basis of	raminath	ATH (ITEM 27	atigation,	n, in my op	Pinion, d	29c. LICE	ENSE NUN	ilme, date an	nd place, end d	ed. DATE SIGN	NED (Month, / 16/9	Day, Year)
	ART II. Other algnificant WAS CASE REFERRED TO BEXAMINER? 1	ART II. Other algnificant conditions of the cond	ART II. Other algnificant conditions contributing to d. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 MANNER OF DEATH 28a. DATE O (Month, 1) 1 Netural 5 Pending Investigation 3 Sucide Selection determined 2 CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER:	DUE TO (OR AS A soutting in death) LAST ART II. Other algnificant conditions contributing to death by the south of the so	DUE TO (OR AS A CONSEQUE d. DUE TO (OR AS A CONSEQUE department of the part of	DUE TO (OR AS A CONSEQUENCE OF SHAPE AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type. DUE TO (OR AS A CONSEQUENCE OF SHAPE AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type. 1. Other algnificant conditions contributing to death but not resulting in de	DUE TO (OR AS A CONSEQUENCE OF): autiling in death) LAST d. ART II. Other algnificant conditions contributing to death but not resulting in the unit of the uni	DUE TO (OR AS A CONSEQUENCE OF): autiling in death) LAST d. ART II. Other algnificant conditions contributing to death but not resulting in the underlying death purple death purple death library death but not resulting in the underlying death death library death li	DUE TO (OR AS A CONSEQUENCE OF): autiling in death) LAST d. ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions cause of the c	DUE TO (OR AS A CONSEQUENCE OF): ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	DUE TO (OR AS A CONSEQUENCE OF): ART II. Other algnificant conditions d.	DUE TO (OR AS A CONSEQUENCE OF): d	DUE TO (OR AS A CONSEQUENCE OF): d	ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 VES 2 NO AMALLAR ANALLAR AN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by "a houspital and sompletely filled in by the funeral director, page 5 should be detached for use at the burial-trained permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	IEALTH AND	MENTAL HYGIEI		0 24050
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Estella L	· Meel	an			8 - //	- 93	AR 0150 M
	4. SOCIAL SECURITY NUMBER 5		100	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.1	BIRTHPLACE (State or Foreign
	212-54-9723	□ M 2 12 F 82	YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) 01 -18-		ounty) iryland
	9e. FACILITY NAME (If not institution, give stree	t and number)	9b.	CITY, TOWN (OR LOCATION OF D		9c. COUNTY	
S	St. Agnes Hospital			Ra1++	imore Ci	tar	131 43311	
DIRECTOR	RESIDENCE OF DECEDENT							
2			10c. CITY, TO	WN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	Maryland Balti	more		Balti	imore			1 TYES 2 TO NO
R.	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5520 Highridge Str				21227		U.S.	Α.
F	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF HISPAI ecify Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	ns or No- 14.	RACE — American Indian, Black, White, atc.
ВҰ	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DAT	res		2 NO Specif			Specify: white
	15. DECEDENT'S EDUCAT	ION	16a. DECEOENT'S USU/	nu	16b. KIND OF BU	ISINESS (MOUSE)		
E		(Specify only highest grade completed) (Give kind of work done during most of working						RY
P	10th	70.10gs (1-4 01 3 +)	homemak	er		homema	ker	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider		
BE C	Clarence R. SHAW	KER					NKS	
0 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a		Route Number, City or Tox		(e)
F	June James		5520 Hi	ghride	ge St, Ba	altimore,	MD 212	27
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remove	I from State	PLACE AND DATE OF DIS	SPOSITION (Na	me of	OATE 20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)	Lo	tery, cremetory or other produced Park	Cemet	ery	8/19 Ba	ltimore	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			DD FINE	RAL HOME,		
	- Williams) Duck,				Ave Balti		D 21229
	23. PART I. Enter the diseases, or con	pilications that caused	the death. Do not e					
	shock, or heart fellure. Lis IMMEDIATE CAUSE (Final	I only one cause on eac	ch line.					Interval Between Onset and Death
	disease or condition resulting in death)	Theu	monia	_				3 days
	a	OUE TO (OR AS A	CONSEQUENCE OF):					1 3 3 6
z	Sequentially list conditions, b.	Mosex	CONSEQUENCE OF):					4 days
ĔI	If any, leading to immediate cause. Enter UNDERLYING							0
일	CAUSE (Disease or Injury C	Carrend 6	CONSEQUENCE OF):	seese				years
Ē	that initiated events resulting in death) LAST	(0,000	onsedence or;	}	46.0			3
CERTIFICATION	d	Green	ov same	~ 0	سے دے و			years
AL.	PART II. Other significent conditions of	ontributing to death but	t not resulting in the	e underlying	ceuse given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
8	d' Shord P	سعب				1 YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Atual Chiel	ation						1 YES 2 NO
ż						_	[
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPIZAL / T AC	1155		ACE OF DEATH (Ch	eck only one)		
YSI		OSPITAL: 4 (AC	tlent 3 DOA 4 D	HER: Nursing Home	e 5 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY		URY AT RK?	28d, DESCRIBE HOW	INJURY OCCURE	D
B	2 Accident Investigation	08/46/93	3 1400		ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	y)	, factory, office	•	281. LOCATION (Street City or Town, State		ural Route Number,
	29a. CERTIFIER		SPICAL	-				
COMPLET	(Check only CERTIFYING PHYSICIAL							
<u></u> 8	2 MEDICAL EXAMINER: C	n the beels of examination (end/or investigation, in	my opinion, de	eath occured at the	time, data and place, a	nd due to the car	use(s) and menner as stated,
H	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)						1 /	
2	2 HUDES M 1117 21 HENET ADTE 1 08/16/13						1673-	
		ON NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRUK D. STANCOFSK. D.D.						
	31. DATE EN ED (Month, Quy, Year)	32. REGISTRAR'S SIGNAT	UP					
5		SE TEMPERAT S SIGNAT	ONE					

nit. Pages 1, 2, 3 should

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is the continued has been algined by the according physician and compressly lined in by the luneral uncolor, page 3 Shorta De Detached		is marked or item 23 shows any injury or other fraumatic event the medical examinar must be notified at once
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1000	or death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	E
	16	-

	FOR 1 - STATE REGISTRAR	STATE OF MARY				IEALTH AND DEATH	MENTA	L HYGIEN			4070
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH		OF DEATH		3.	TIME OF PERTI
	Anna Marie Oli	ver					HONTI	905	9:19	YEAR	1 6 M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	By) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLA	NCE (State or Foreign
	215-24-8562		78 YR	S. MONTHS	DATS	PIOURS MIN.	Jul.	y 5, 1	915	Mary	land
ec	9a. FACILITY NAME (If not institution, give si					OR LOCATION OF D	EATH	-		Y OF DEAT	
DIRECTOR	Saint Joseph Hos	pital		To	wson			timor	e County		
RE	10e. STATE 10b. COUNTY			CITY, TOWN	OR LOCAT	ION				100	d. INSIDE CITY
		imore County	7 I	owson	1					1 (LIMITS?
4	10e. STREET AND NUMBER				101	. ZIP CODE			177		COUNTRY?
FUNERAL	714 Stevenson Lai					21286				U.S.A	. •
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13	If yes, sp	ENDENT OF HISPA	en, Puerto F	l? (Specify Yes Ricen, etc.)	or No — 1	4. RACE — Black, WI	American Indian, hite, atc.
R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Specif	fy:			Specify:	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDEN	T'S USUAL (OCCUPATIO	ON at of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5+)		of work done T use retired.		at or working		0 1			
M	17. FATHER'S NAME (First, Middle, Last)		HOIRE	maker				Own H			
	James Albert Mo	orris				Anna		Middle, Meiden ilda		or	
n n	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street a	nd Number or Rural					
2	James R. Oliver		714	Stev	enso	n Ln. To	wson	, Mary	land	212 86	
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo		b. PLACE AND DA				DATE		CATION - CI		
	4 Donation 5 Other (Specify)	T	Mil'affey	Välte	y Au	gust 11,	199.	3 Lut	hervi	11e,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE BROKE)	22	Mitc	hell-Wie	defe:	ld Hom	e		
	John G. Rejtz	Z (M-00804)			6500	York Rd	l. Ba	ltimor	e, Ma	rylan	d 21212
	23. PART I. Enter the diseases, or c shock, or heat/fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. ASC	ad the deeth. Deech line.		r the mo	de of dying, suc	th as card	llac or reapl	ratory arrec	et,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in deeth) LAST	»	A CONSEQUENCE	•			_				
MEDICAL	PART II. Other algnificent conditions	e contributing to deeth	but not resulting	ng in the u	nderlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AMA COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
							-			1	
I TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINED	HOSBITAL				ACE OF DEATH (Ch	eck only on	0)			
2	1 TES 2 NO	1 Inpatient 2 EA/Out	patient 3 🗆 DO/	OTHE 4 Nu		5 Residence	6 🗆 Other	(Specify)			
-	27. MANNER OF DEATH 1	28a DATE OF HULIPY (Morgo Day, War)		TIME OF	26c. INJI WO		28d. DEŞ	CRIBE HOW I	NJURY OCCU	RED	
5	2 Accident Investigation	-37/2×100	200	М		ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, fairt scify)	n, street, tac	tory, office		26f. LOCA City o	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,
COMPLE		CIAN: To the best of my known: R: On the basis of examination									f menner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	WBER		29d, DATE S	SIGNED (Mos	pth, Day, Year)
	Mach	Oron	will	eli		D-09	382	3	8	19/9	73
	MANAGE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (7)	(po, Print)	15	har How	use-	BA/7	אינות לא	e Ma	1/1/21
2	AUG 1 8 1993	32. REGISTRAR'S SIGN	Pandell								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

93 24097

	TIEGIOTIAN	OL.	HILL	AIL C	PEATH	REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last) Betha L	arks				2. DATE OF DEATH	AY OT	YEAR 1993	TIME OF DEATH 15
	4. SOCIAL SECURITY NUMBER 5. SEX 6 8 17 - 26 - 4904 1 1 M 2 MF	AGE (In yrs. last		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 5-16-	N 8	8. BIRTNPI Country)	ACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOW	N OR LOCATION OF DE		9c. COU	NTY OF DEA	TN
510	ADMA LIVER NUM	Sing	Home	>	Hen B	Urnie, M	A.	AC	٥
E	10a. STATE 10b. COUNTY		10c. CITY, TO		CATION			1	0d. INSIDE CITY LIMITS?
	Maryland Anne Arundel 100. STREET AND NUMBER		Pasa	dena	10f. ZIP CODE		10a, CIT		YES 27 NO
FUNERAL DIRECTOR	8555 Main Avenue				21122		U	.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 XN	MED O	1 TES 2 NO Specify: Specify:					- American Indian, White, atc. White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)							DUSTRY	
COMPLETED	Elementary/Secondary (6-12) College (1-4 or 5+) 12th Grade Housewife Ho						Maker	•	
CO							Surname)		
H	19a, INFORMANT'S NAME (Type/Print)			DECC (Com	et and Number or Rural F			2.11	
2	John E. Parks III	85	555 Ma	in Av		sadena, Ma			122
	20a. METNOD OF DISPOSITION 1 Burlal 2 Command 3 Removat from State 4 Donation 5 Other (Specify)	20b. PLACE A cerpetery, cren MCT. CO	nd date of di	SPOSITION	(Name of			City or Town	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	110000	1	22. NAME	and address of factinge J. Gond	CILITY			
	Homa M grane	rous	he	4001	Ritchie 1	Hwy. Balt	imore	, Md.	
	23. PART I. Enter the diseases, or Conditions that c shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.		anter the	mode of dying, such	n aa cardiac or reap	iratory arr	rest,	Approximate Interval Between Onset and Death
_		R AS A CONSEQ	UENCE OF):	Pur	ry tu	in a			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQ	UENCE OF):	/	0440	Hen.	- 1	Se	54
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSEQ	UENCE OF:	40	Hen	- Lar	la	,	
	d								
EDICAL	PART ii. Other aignificant conditions contributing to de	ath but not re	eauiting in the		Chom	PERFO	MED?	A	ERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE
Σ∥				Ble	dd	1 D YES 2	NO	0	F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED/TO MEDICAL		·	26	PLACE OF DEATH (Che	ick only one)			
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 E	R/Outpatient 3		HER:	lome 5 - Residence				
	27. MANNER OF DEATN 1 Netural 5 Pending 28a. DATE OF IN. (Month, Day)		28b. TIME OF INJURY		WORK? YES 2 NO	28d. DESCRIBE NOW	NJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF II building, etc	NJURY — At hon (Specify)	ne, farm, street			281. LOCATION (Street City or Yown, State)	and Number	or Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam								nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		7		29c. LICENSE NUM	13 G	29d. DAT	E SIGNED (M	Ionth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE DALTIT S, SAW H	OF DEATH (ITEM	,27) (Type, Print))			/	1 (
7	31. DATE FILED IN ON. DAY. 1993 32. REGISTRAN'S GENERAL DE	SIGNATURE	ndelle						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

19	t. DECEOENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATN		T.	. TIME OF DEATN
(4	MARIE	A. PRI	WZNIK							MONTH	DA di	ž	YEAR 3	1620 H
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN			ACE (State or Foreign
	219 100853	3	1 - M 2 78 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D		,_	Country)	
8	9a. FACILITY NAME (If not in		treet and number)			9b. CITY.	TOWN C	R LOCATI	ON OF DE		1/192		ITY OF DEA	land
E C	Harbor H	ospita	1 Center			Ba1	timo	re	C	ity		A		
5	RESIDENCE OF DEC													
DIRECTOR	Monare 1 and 1	10b. COUNTY				, TOWN O							11	Od, INSIDE CITY LIMITS?
	Maryland	Ann	e Arunde	<u> </u>	G10	en B							1	☐ YES 2 NO
RA	100. STREET AND NUMBER 111 Allen	Dood			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	111 ALLEII	ROau						210				_	·S·A·	
	t Never Married 2 🔀	Married	FORCES? 1	T EVER IN U.S. AR		If yee, specify Cuban, Maxican, Puerto Rican, etc.) Black, W					- American Indien, White, aic.			
BY	3 Widowed 4 Divo	roed	IF YES, GIVE V	WAR OR DATES		1	YES	2X NO	Specify				Specify	White
COMPLETED	15. DEC	EDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KI	ND OF BUS	INESS/IND	USTRY	willte
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	ve kind of w Do NOT us			st of workin	ng					
12th Grade Assembly Line General Electric							С							
8	17. FATHER'S NAME (First, M		incent 1	Mal 1 - 11				18. MOTI		ME (First, Midd		,		
BE			incent						Mar	-	1kavi			
2	John Prow	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r.	198	L11 A	ADDRESS	(Street a	nd Number		loute Number,				1001
	20s. METHOD OF DISPOSIT		1. •						GTEL	Burn				
	12 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo	oval from State	20b. PLACE A cometery, cre GIEN	THE CONTROL	her place)	nori	me of	n rle	DATE 0/16			City or Town	
	21. SIGNATURE OF FUNERAL		ENSEE	OTEI	iavei	22.1	NAME AN	D ADDRE	SS OF FAC	MI ITY				Maryland
i	D 0-		Frame	//	1-	Ge	orge	⊇ J.	Gono	e Fun				
	ters	me	mame	course	<u> </u>					lwy.				21225
	23. PART i. Entar the di ahock, or h	part failure.	complications that List only one cau	it caused tha da ise on aech lina	eth. Do n	ot enter	tha mo	de of dy	ing, such	ss cerdia	c or respi	ratory sm	est,	Approximete interval Between
	IMMEDIATE CAUSE (Findisease or condition	ei	h.a	AGGINE	16197	2200	200	0 -0 4	. [21.00	-0			Onset end Death
	resulting in daeth)	→	a. IV	ASSIVE	//V / I	CACE	KE	BUY	L {	STRE				
-				ONGSTAN		,	Luc	i grad	TONK	SION		,		
CERTIFICATION	Sequantially liet conditi if eny, laeding to immed			(OR AS A CONSEC			1134	01	1010	2(014				1
S	cause. Enter UNDERLYi CAUSE (Disease or inju	NG	n											
E	that initieted events resulting in death) LAS		DUE TO	(OR AS A CONSEC	NENCE OF):								
ER	resulting in death) LAS		f											Ь
	PART ii. Other significe	nt condition	e contributing to	daath but not n	euiting l	n the un	derlying	ceuse (alven in I	Part i. 24	la, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL			+L ASTH				-93.00				PERFOR			MILABLE PRIOR TO OMPLETION OF CAUSE
		1PHUS								— ['	YES 2	A NO		F DEATH?
2										_			'	☐ YES 2 M NO
X I	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL.					26. PL	ACE OF D	EATH (Che	ck only one)				
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 □ Re	sidenca l	8 Other (S	(Declfy)			
£Ι	27. MANNER OF OEATH		28a. OATE OF (Month, D		28b. TIME		28c. INJ	JRY AT		28d. DESCR	BE HOW IN	JURY OCC	URED	
BY		Pending nvestigation				М	1 🗆 1	'ES 2 [NO					
		Could not be	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, lacto	ory, offici			281. LOCATIO	ON (Street a	nd Number	or Rural Rou	te Number,
릴			CIAN: To the best of											
COMPLETED	2 MEDI	CAL EXAMINE	R: On the beals of e	xamination and/or i	nveatigation	n, in my o	pinion, de	eath occur	ed at the t	lime, data en	d place, and	due to the	e cause(e) a	nd manner se stated.
BE (296. SIGNASURE AND TITLE	OF CERTIFIER						29c. LICE	ENSE NUM	BER		29d. DATE	SIGNEO (A	lant Day Mari
W 18	#1 / h. /													ionin, Day, rear)
	Blacmy											▶ 8	E 1	13
	30. NAME AND ADDRESS OF	PERSON WHO		SE OF DEATH (ITER	1 27) (Type,	Print)						> 8	E 1	
2	EDUARDO LA	PERSON WHO	P. M.D.		A 27} (Туре,	Print)						> 8	E 1	
2		PERSON WHO	R. M.D.	SE OF DEATH (ITER								▶ 8	E 1	

X 68760, BALTIMORE, MARYLAND	e executed within 24 hours after death. Page 6 may be retained by the hosp	an and completely filled in by the funeral director, page 5 should be detached to bunial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E	. 7033
	1. DECEDENT'S NAME (First, Middle, Last)	OROTHU	R. Pe	erry	2. DATE OF DEATH	Y YEAR 93	3. TIME OF DEATH 6/5 A M
	4. SOCIAL SECURITY NUMBER 219-20-8451	SEX 6. AGE (* **	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Mently, Day, Year) 10-1	Coun	THPLACE (State or Foreign stry) YETTESVIL.N(
TOR	90. FACILITY NAME (If not institution, give street 1010 W. BALTIMO RESIDENCE OF DECEMENT		ot.316	CITY, TOWN OR LOCATION OF DEBALTIMORE	DEATH	9c. COUNTY OF	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	161		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 1010 W. BALTIM	ORE ST.		101. ZIP CODE 21223		10g. CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 7 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	or No- 14. RAC Black	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON npleted) College (1-4 or 5 +)	Inte. Do NOT use reti	done durina most of working	16b. KIND OF BUS	INESS/INDUSTRY	
	12 grade 17. FATHER'S NAME (First, Middle, Lest) OSCAR MC KINNE	N	PACKER	1	AME (First, Middle, Maiden	Sumame)	ASS COMP.
TO BE	199. INFORMANT'S NAME (Bype/Print) BETTY CARR	IV		MARY PRESS (Street and Number or Rural MORLEY ST		n, State, Zip Code)	
	20a METHOD OF DISPOSITION 1	from State 20b.	PLACE AND DATE OF DI- elery, cremetory or other p	SPOSITION (Name of lece)	OATE 20c. LOC	CATION — City or T	42000
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Walters	Om,	MEMORIAL CE 22. NAME AND ADDRESS OF F UNITY FUNE		IUO W.	NORTH AVE
	23. PART/I. Enter the diseases, or comehock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metabolic Due to on As A	Disturb	ances			Approximata Interval Between Onset and Death Lucks
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	ma, progre	ssive and	Albacho	ry Zyrs
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions of Diabetis mellitus Lung Cancer	ontributing to death bu	ut not resulting in th	e underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
SICIA		OSPITAL:		28. PLACE OF DEATH (C) HER: Nursing Home 5 Residence			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, street	fectory, office	28f. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION ON DESCRIPTION OF THE CHARGE OF T	t: To the best of my knowle in the basis of examination	edge, death occurred at end/or investigation, in	the time, date end piece, end dur my opinion, death occured at the	to the cause(s) end men	ner ee stated. I due to the ceuse(e) end manner es stated.
TO BE C	29h. SIGHATURE AND TITLE OF CENTIFIER	Centre	2.	D42	MBER 979	29d. DATE SIGNED	(Month, gley, Year) 16/93
-		Street (Balhmore,	MD 2/287			
8	AUG 18 1993	32. BEGISTRAPOLSIGILA	The North				

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to bund, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	RA	7	11.
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AR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	r of i	HEALTH DEA	AND	Mental Hygien Reg. No.		2	4100	
NAME (First, Middle, Last) RINE B			P	ADGE'	TT			2. DATE OF DEATH	W (GEAR	3. TIME OF DEAT 11:48 PM	H
PRITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Fo	reigi
-4763_	1 🗆 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	06-27-191	2	Count	laryland	
ARUNDEL HC		SSOCIATI	ON			BURN		EATH	9c. COUN	NTY OF C		
OF DECEDENT												
and N//				Y, TOWN		TION					10d. INSIDE CITY	

1 . S	OR TATE IEGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEI		24100
	EDENT'S NAME (First, Middle, Last) ATHERINE B	•	PA	DGETT		2. DATE OF DEATH	9° 9°	FAR 11:48 PM
215	DAL SECURITY NUMBER 5-05-4763	1 🗆 M 2 💢 F	81 YAS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-27-19	12	BIRTHPLACE (State or Foreign Country) Maryland
	CILITY NAME (If not Institution, give si ORTH ARUNDEL HO	,			BURNIE	EATH	9c. COUNTY	A. COUNTY
10a. 81	Maryland N/A			town on Local				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
10e. ST	444 E. Patapsc				21225		Un:	ited States
3 💢 v	RITAL STATUS Never Married 2 Merried Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		NIC ORIGIN? (Specify Wan, Puarto Rican, etc.) fy:	ea or No— 14	RACE — American Indian, Black, Whita, alc. Specify: White
	15. OECEOENT'S EDU (Specify only highest grade omentary/Secondary (0-12) Bth Grade	CATION completed) College (1-4 or 5 +)	life. Do NOT use	rk done during mo		Balto	. City	TRY
17. FAT	HER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	AME (First, Middle, Meide		
<u> </u>	Thomas James Fo	rd				rine Lill		
o '''''	atherine Faust					Aoute Number, City or To		
20a. Mil 1)(B	ETHOD OF DISPOSITION urial 2 Cremation 3 Remi		PLACE AND DATE OF	DISPOSITION (No	me of	DATE 20c. L	OCATION - CITY	or Town, Stata
21. SIG	James F. H	ENSEE Hab	D.	22. NAME A	O ADDRESS OF FA	McCul	ly Fund ; Balto	re, Maryland eral Home o., Md. 21225
IMME disec result	entially list conditions, releading to immediate	a. Acute M DUE TO FOR AS A	yosardia consequence of:	I m	Caretio	07		Approximate Interval Batween Onset and Death 2 days well 2 day
that le	SE (Disesse or Injury Initiated events ting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	II. Other significant condition	s contributing to death b	ut not resulting in	the underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS	S CASE REFERRED TO MEDICAL	HOSPITAL:		26. P	ACE OF DEATH (C	heck only one)		
1 1	□ YES 2 NO	1 Propettent 2 ER/Outp	etlant 3 DOA 4	☐ Nursing Hon		6 Other (Specify)		
	Natural 5 Pending	(Month, Day, Year)	26b. TIME INJUI	RY WO	URY AT PRK? YES 2 NO	26d. OEŞCRIBE HOW	INJURY OCCUP	RED
w	Accident investigation Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str			281. LOCATION (Stree City or Town, State		Rural Route Number,
	-1	CIAN: To the best of my know						ause(s) and manner as stated.
29b. 30	GNATURE AND TITLE OF CERTIFIE		12		29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)
~ ~ /		ul My			PZIZZ		1/8	0/93
S	ME AND ADDRESS OF PERSON WH STEPHEN M. ZEME			ROAD, #	203/GLEN	BURNIE,	MD 2106	51
5 31. DAT	AUG 1 8 1993	32. REGISTBAR'S SIGN	-Andell					



1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

93 24101

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Frai	nk C∞	k Ritt	enhouse	Sr.	2. DATE OF DEATH MONTH AUGUST I	6, 1993°	3. TIME OF DEATH 3 PM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, War)	8. BIRTH Country	PLACE (State or Foreign
	212-01-6415	1 🔯 M 2 🗆 F	79 YRS.	MONTHS DAYS	HOURS MIN.	2/77/1914		ryland
	9e. FACILITY NAME (If not institution, give s	treet and number)	2.64	9b. CITY, TOWN	OR LOCATION OF DE	EATH	Sc. COUNTY OF DE	EATH
DIRECTOR	11408 Mays	Chapel Roa	đ	Tir	nonium		Baltin	more
E C	10e. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN OR LOCA	TION			10d, INSIDE CITY
	Maryland	Baltimo	re	Tir	nonium			LIMITS?
	10e. STREET AND NUMBER	Darcino	10		H. ZIP CODE		10g. CITIZEN OF W	
FUNERAL	11408 Mays Chape	1 Road			21	093	USZ	Α
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED		CENDENT OF HISPAN	NC ORIGIN? (Specify Yes		— American Indian,
2	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FDRCES? 1 [] IF YES, GIVE WAR			pecify Cuben, Mexice \$ 2 √ NO Specify	n, Puerlo Rican, atc.) y:	Specif	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPAT	ION ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	_ //	work done during muse retired.)				
Z Z	12	2	Executi	.ve/Ownei		Wire C		
	17. FATHER'S NAME (First, Middle, Last) Frank Hart	Rittenhou	99			ME (First, Middle, Melden		
E E	19e. INFORMANT'S NAME (Type/Print)	10. CCEITIOU		O ADDRESS (O)		e Pratt Si	-	
2	Miss Susan M. Rit	tenhouse		omerset		Acute Number, City or Town altimore,		21210
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE				CATION — City or Ton	
	1 Buriel 2 Cremation 3 Rem	oval from State	cemetery, crematory or Dulaney V			.1 .	ltimore N	
	21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE / /	1 - 4 - 4 - 4		ND ADDRESS OF FA		I CIMOLE P	alyland
	· Michael	Buck		Ruck T	Cowson Fu	neral Home	, Inc. 10	050 York Rd.
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	b. DUE TO (DR	A AS A CONSEQUENCE D	OF):	nt N	lelano	m,	Interval Between Onset and Death 4 MoS.
	DATE II On a serial ser	o						
: MEDICAL	PART II. Other algorificant condition Man 3 new 1 Pero X y s mad	helanon	na (R)	our put	~ ^	Part i. 24a. WAS AN PERFOR 1 VES 2	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	eck only one)		
2	EXAMINER?	HOSPITAL: 1 Inpatient 2 Ef	R/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Tasidence	6 Other (Specify)		
T PHISICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,		ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
IED BY	3 Suicide 6 Could not be detarmined	28e. PLACE OF IN- building, atc.	NJURY — At home, farm, . (Specify)	street, factory, offi	ce	281. LOCATION (Street e City or Town, State)	and Number or Rural R	loute Number,
COMPLETED						to the cause(a) and man) end menner as stated.
u II	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIGNEO	
	Will D.	wow	un MS		D40	2/29	8-	17-93
	30. NAME AND ADDRESS OF PERSON WE William D. McCon				Parkway	Apt.1-G Ba	ltimore,	Md.
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					
-	AUG 1 8 1993	guna Des	iden Bondes	-				

The fact that the same of the

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) 0					2. DATE OF DEATH			3. TIME OF DEATH
MUDI	n Ku	57	w .			MONTH	MY	YEAR	4224 M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	<u> </u>	8 BIRTH	PLACE (State or Foreign
212-42-0226	1 - M 2 X F	93		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08 -01-19	900	Countr	nnsylvania
9e. FACILITY NAME (If not institution, give			9	L CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	INTY OF D	EATH
Howard County C	General Hos	pital		Columb	oia		Но	ward	
10a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland How	vard			Columb	oia				LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER				1	of, ZIP CODE		I 100 CIT	IZEN OF Y	WHAT COUNTRY?
5725 A, Harpers	Farm Road	1			21044		1 -	S.A.	THE COUNTY
11. MARITAL STATUS	12. WAS DECEDENT E					IC ORIGIN? (Specify Ye	e or No-	14. RACI	- American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1		0		S 2 NO Specify			Spec	k, White, atc. White
15. DECEDENT'S ED (Specify only highest grad		(Gh	ve kind of wor	BUAL OCCUPAT	ION nost of working	16b. KIND OF BI	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	III e.	Do NOT use	retired.)	-	1.	1		
6		no no	omemal	ker		nor	nemak	er	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	Surname)		
Andre DINKO					Ann	a MITROKA	A		
19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING A	DDRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zi	ip Code)	
Veronica Ruszin	n		5725A	, Harp	ers Farm	Rd, Colum	oia,	MD	21044
20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	moval from State	other pla	(08)		emetery, crematory or		DCATION -		
4 Donation 5 Other (Specify)		St. M	icnae.			metery Ba	11 C 1 III	ore,	MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE ///)			AND ADDRESS OF FA	AL HOME,	INC		
17. 1/ea	1 Lotan	-1						100	01000
		6-1		410/	Wilkens	Ave, Balt:	ımore	, MD	21229
23. PART I. Enter the diseeses, or					Wilkens				Approximete
ahock, or heart fallure									Approximete Interval Between
									Approximete
ahock, or heart failure IMMEDIATE CAUSE (Finsi	e. Resp	on each line.	my						Approximete interval Between
ahock, or heart falfure IMMEDIATE CAUSE (Finsi disease or condition	e. Resp		my						Approximete interval Between
ahock, or heart falfure IMMEDIATE CAUSE (Finsi disease or condition	e. Response to the second seco	on each line.	DUENCE OF						Approximete interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an activity of the formal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 18 1993

BALTIMORE, MARYLAND 21215-0020	ar death. Page 6 may be retained by the hospital or attending physician.
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9	uln 2
9	J with
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H	SICIAN
OF	PHYSICIAN
ON OF	ING PHYSICIAN
SION OF	ENDING PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove the filled within 72 hours after death with the State Dear of Health and Mental Honien prior to burial cremation or removal.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	Lieusen Robinson Month Day YEAR OF 14 149						93 3:20 PM	
	217 46 2965 96. FACILITY NAME (If not institution, give s	1 🗆 M 2 🕅 F	8 P YRS.	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	06	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Larien Musuig RESIDENCE OF DECEDENT	4 Rehali.	Center	0 1	WHO OR LOCATION OF B		Sc. COUNTY	ward	
DIRECTOR	106. STATE 106. COUNTY Maryland Ann	e Arundel		inthio				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 414 Grove Ri	dge Ct.			101. ZIP CODE 21090		1.1.0	ted States	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 2 NO Speci		ns or No 14.	RACE — American Indian, Black, White, etc. Specify: White	
PLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 6th Grade	CATION completed) College (1-4 or 5+)	(Give kind o	's usual occur of work done during use retired.)	PATION g most of working	16b. KIND OF BU	estic	TRY	
ed at once. BE COMPL	William Wheeler Martha Miles								
be notified at TO BE	19a. INFORMANT'S NAME (Type/Print) Doris Hubbar 20a. METHOD OF DISPOSITION		414	4 Grove	e Ridge	Ct.;Lint	hicum,	Md:21090	
er must	1 Burlel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State Cer	METRO	Cremat	cory, Inc	.8-16-93	Cator	nsville,Md.	
medical examiner must	dames F. H	ackman, Jr		23	7 E. Pat	apsco Ave	e.;Bal	to.,Md.2122	
or other traumatic event, the medi	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to lon as	A CONSEQUENCE	weturs	mode of dying, su	ch as cardiac or resp	iratory arreat	, Approximate Interval Between Onset and Death	
Injury,	PART II. Other algnificant condition	s contributing to death t	out not resultin	g in the under	ying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
hows any MEDIC						1 _ YES :	1	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA		8. PLACE OF DEATH (C				
28 is marked, or TED BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. T	IME OF 28c	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
m 28 is n ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm	n, street, factory,	offica	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	
윤	2 MEDICAL EXAMINE							suse(a) and menner as stated.	
IMPORTANT: IT TO BE COM	SP. NAME AND ADDRESS OF PERSON WH		FATN SITEM 270 /S.	ne Drint	29c. LICENSE NU	MBER 368	≥ B	GNED (Month: Day Mear)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	He 1/8	fruit	Porkus	Columb	10 1	m Dath	
2	AUG 1 8 1993	Julie Feirden	Pandell.					DHMH-16 Rev 1/89	

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BALTIMORE, MARYLAND 21215-0020	
MAR,	
BALTIMORE	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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RECORDS	
F VITAL	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an along the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 24104

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTA CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 24104
	DERICK J.	STEPNEY		2. DATE OF DEATH MONTH DAY	10 1110
4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution	1XXM 2 □ F	58 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	7. DATE OF BIFTN (Month, Day, Year) 3-27-1935	8. BIFTNPLACE (State or Foreign Country) 9c. COUNTY OF DEATH
FRANCIS SCOT	TT KEY (GERIATE)	IC CENTER	BALTIMORE CTI		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 4940 EASTERN 11. MARITAL STATUS	AVENDER		BALTIMORE CIT		1 (₹) YES 2 □ NO 10g. CITIZEN DF WHAT COUNTRY? USA.
3 Widowed 4 X Divorced	12. WAS DECEDENT EVER	2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	
	r's EDUCATION et grade completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work Me. Do NOT use re STEELWO)	done during most of working tired.)	16b. KIND OF BUSIN	NESS/INDUSTRY
FREDERICK .	J. STEPNEY SR.			NAME (First, Middle, Melden Sc PALMER	imame)
TYRONE STEP	NEY 20	905	ROYAL STREE	ET, ANNAPOLI	
4 Donation 5 Other (Special Structure of Funeral Series	(y)	metery, cremetory or other CEDAR HILL	CEMETERY 22. NAME AND ADDRESS OF JOSEPH H. BRO	FACILITY OWN JR. FUNE	N BURNIE, MD. RAL HOME, P.A. D. 21223; P.O. BOX 4433
	DUE TO TOH AS	A CONSEQUENCE OF):	anter the mode of dying, so	uch se cerdiac or respira	Approximate interval Between Onset and Death
PART II. Other significant co	ndfilipns contributing to death	but not resulting in 1	he underlying csuse given	in Part I. 24a. WAS AN AI PERFORM 1 □ YES 2 5	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (
27. MANNER OF DEATN 1 Netural 5 Pendil 2 Accident Invest	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Residence F 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HDW INJ	JURY OCCURED
	not building, etc. (Spi	Y — At home, larm, streenly)	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
one) 2 MEDICAL E					er as stated, due to the cause(s) and manner as stated,
296. SIGNATURE AND TITLE OF	SON WHO COMPLETED CAUSE OF D	H.O. Dept of	Surgy Laga		29d. DATE SIGNED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG				
1 0 0 0 00	93 Julie Davidson	n-Andelle			

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

214-40-5219 9a. FACILITY NAME (II not institution, give stree Manor Care Ruxton RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland N/ 10a. STREET AND NUMBER 3006 St Paul 11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Nelson Scarbor 19a. INFORMANT'S NAME (Type/Print) Mahlon W. Hessey 20a. METHOD OF DISPOSITION METHOD OF DISPOSITION 12. SIGNATURE OF FUNERAL SERVICE LICEN 21. SIGNATURE OF FUNERAL SERVICE LICEN	S. SEX 1 M 2 X F et and number) A St 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR INTO MARKED TO STATE	IN U.S. ARMED S. M. NO DATES 16s. DECEDENT': (Give kind of life. Do NOT S. C. M 19b. MAILIN	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN TOWS TY, TOWN OR LOC Baltin 13. WAS D If yes, 1 — YE S USUAL OCCUPAN work done during r see relind.) DOI Teac G ADDRESS (Street Charles	NOUPS MMM. I OR LOCATION OF SOTI ATION TOTE 101. ZIP CODE 212 ECENDENT OF HISP specify Cuban, Max ES 2 K) NO Specific No Specific No Specific No Specific Not Working Cher 18. MOTHER'S Will It and Number or Rur ES Street	7. DATE (MOON July) DEATH 18 PANIC ORIGICAL, Puerto City: 16.1 18 AMME (First, 1 ame t	N? (Specify Yer Rican, etc.) E Middle, Malden ta Ben Riber, City or Tow	9c. COUNTY Bal. 10g. CITIZES SON NO 14 SINESS/INDUS ducati Sumame) field m, State, Zip Co	BIRTHPLAM Country) Mary Y of DEATH timor 10d 1 ½ N OF WHAT USA Black, Wn Specify: W	I. INSIDE CITY LIMITS? YES 2 NO COUNTRY? A. American Indian.
214-40-5219 9a. FACILITY NAME (II not institution, give stree Manor Care Ruxton FESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 3006 St Paul 11. MARITAL STATUS 1 [X] Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Nelson Scarbor 19a. INFORMANT'S NAME (First, Middle, Last) Nelson Scarbor 19a. INFORMANT'S NAME (First, Middle, Last) Mahlon W. Hessey 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remove a core abock, or heart fellure. Lie immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A St 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR INTO MORPHOLY College (1-4 or 5+) 5+ rough Well from State 20 ce	101 VRS. IN U.S. ARIMED S AND NO DATES 16a. DECEDENT' (Give kind of life. Do NOT of School	9b. CITY, TOWN TOWS TY, TOWN OR LOC Baltin 13. WAS DI If yes, 1 Yes S USUAL OCCUPAN work done during in see relired.) DOI Teac G ADDRESS (Street Charles	NOUPS MMM. I OR LOCATION OF SOTI ATION TOTE 101. ZIP CODE 212 ECENDENT OF HISP specify Cuban, Max ES 2 K) NO Specific No Specific No Specific No Specific Not Working Cher 18. MOTHER'S Will It and Number or Rur ES Street	July DEATH 18 PANIC ORIGICAL, Puerto City: 16 16 17 18 18 18 18 18 18 18 18 18	N? (Specify Year) N? (Specify Year) Rican, etc.) b. KIND OF BU E Middle, Malden ta Ben nber, City or Tow	9c. COUNTY Bal. 10g. CITIZES SON NO 14 SINESS/INDUS ducati Sumame) field m, State, Zip Co	Country) Mary Mary Y of DEATH timor 10d 1 ½ N OF WHAT USA Black, Wh Specify: With Stry On	rland tee I. enside city Limits? X yes 2 \(\square\) no country? A American indian, nite, stc.
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PART II. Other significant conditions of		A CONSEQUENCE (
	contributing to deeth	but not resulting	in the underlyi	ing ceuse given	In Part I.	24a. WAS AN PERFO 1 TYES	AMED?	COA OF	RE AUTOPSY FINDIFICABLE PRIOR TO MPLETION OF CAUS OEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26	DI ACE OF DEATH	Chack onto	201			
EXAMINER?	HOSPITAL:	death-of a Dog	QTHER:	PLACE OF DEATH (
7. MANNER OF DEATH	26a, DATE OF INJURY			ome 5 Residence		or (Specify)	NJURY OCCUI	RED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	II.	M 1	YES 2 NO					
3 Suicide 6 Could not be datarmined	28e, PLACE OF INJUR building, etc. (Spe	RY — At home, ferm, recify)	street, factory, of	fice		CATION (Street or Town, State		Rural Route	Number,
ia. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:									d manner as state
96. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE N	Zg.	49	29d, DATE S	HIGNED (Mod	gth, Day, Year)

32 REGISTRAN'S SIGNATURE
Suha Devidon Andolle

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 31. DATE FILEO (Month, Day, AUG 18

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the brospital or attending physician.

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SEX 6. AGE M 2 X F Mnd number) HOME Arundel Me WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR DIN Dictoral Dividence (1-4 or 5+) Company Mindelectory Arundel Marundel Mar	IN U.S. ARMED S 2 NO DATES 164. DECEDENT (Give kind c) House 145. De NOT House 19b. Mailit 1603	9b. CITY, Balt Party, Town or Baltimo 13. W 17 S USUAL OC of work done of two retried.) PWIFE NG ADDRESS	DAYS HOURS MIN. TOWN OR LOCATION OF I LIMOTE R LOCATION DTE 101. ZIP CODE 21225 WAS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 2 NO Special Cuban, Mexic Telepation Limit Monther's No.	ANIC ORIGIN? (Specifican, Puerto Rican, etc.) 16b. KIND OF HOME	DAY 16 199 1 1901	B. BIRTHPLACE (State or Formal County) Maryland IY OF DEATH INC. INSIDE CITY LIMITS? 1 YES 2 N NO EN OF WHAT COUNTRY? S. A. 14. RACE — American Indian, Black, White, stc. Specify: White	
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hony Mi.	IWICZ 19b. MAILII 1603	of work done dr use retired.) PWIFE NG ADDRESS	18. MOTHER'S N	Home	Maker	STRY	
from State Co	LWICZ 19b. MAILII 1603	NG ADDRESS	Ma	AME (First, Middle, Mi	aiden Surname)	171335	
from State Co	196. MAILII 1603			-1 courte	18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ushler		
	06. PLACE AND DAT		santville D		r Town, State, Zip C	Code) .e, Md. 2106	
	metery, cremetory o	TE OF DISPOSI		DATE 20	c. LOCATION — CH		
olications that cause only one ceuse on	ed the death. Do		01 Ritchie the mode of dylng, su			, Md • 21225 st, Approximate Interval Batt Onset and D	
DUE TO (OR AS	A CONSEQUENCE	OF):					
ntributing to death	but not resultin	g in the und	derlying ceuse given i	PE	RFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO	
	-		26 PLACE OF DEATH //	theck only one)			
DSPtTAL:	ripatient 3 - no.	ОТНЕК	:				
28s. DATE OF INJURY	7 28b. T	TIME OF	28c. INJURY AT			JRED	
		M	1 YES 2 NO	285 LOCATION OF	treat and Number	r Sharel South Marshar	
building, stc. (Sp	necify)	, , , , , , , , , , , , , , , , ,	,	City or Town,	State)	THE POST OF THE PROPERTY OF TH	
cm1	1					SIGNED (Month, Day, Year)	
MALETED CAUSE OF D	DEATH (ITEM 27) (Ty	rpe, Print)	123	034	18	117/93	
4n Cr	w 4.	WL	J. 6B				
	DUE TO (OR AS DUE TO	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE To (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE To (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE To (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE DUE	SPITAL: topertent 2 ER/Outpatient 3 DOA 4 Nurs 28a. DATE OF INJURY (Month, Day, Year) 28b. Time OF INJURY M 28a. PLACE OF INJURY — At home, farm, street, factor building, stc. (Specify) To the best of my knowledge, death occurred at the til the basis of examination and/or investigation, in my of Whether Cause OF DEATH (ITEM 27) (Type, Print) Community of the community of	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (CONSEQUENCE OF): 30. OTHER: 31. PLACE OF DEATH (CONSEQUENCE OF): 32. PEGISTRAR'S SIGNATURE	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) DISPITAL: thipstlent 2	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number on City or Town, State) To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated the basis of examination and/or investigation.	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmin Page 5.3 schould	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEOENT'S NAME (First, Middle, Last)

Robert G. Sause

2. Date of Death Month
Month
DAY
S. - 16 -

	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	Robert G. Sause MONTH DAY - 92 5PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fordigm
	7 17 21 1 M 2 TE C. F. YOS MONTHS DAYS HOURS MIN. (Month, Day, Year) 2 Rounny
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
Œ	AAMC ANRAPOIS, MY ANNOPOLIS AACO
읝	RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10h COLLETY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
5	MA ANNE HRUNGEL DASADONA
AL	10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?
ER	7978 HOLLY ROAD 21122 U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,
	1 Never Married 2 Married PORCES? 1 LLYES 2 NO If yee, specify Cuban, Mexicen, Puarto Rican, atc.) Black, White, atc.
В	3 Wildowed 4 Divorced 1957 - 1959
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
垣	Elementary/Secondary (0-12) College (1-4 or 5 +) ##e. Do NOT use retired.)
P	SUPER INTENDENT CONSTRUCTION
ő	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE C	STEPHEN SAUSE ELIZAROTH HAMPEL
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	Joyce Spiese 7978 HOLLY ROAD PASADENA MD 21122
	20e METHOD OF DISPOSITION
	1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE 20b. PLACE AND DATEO POSPOSITION (Name of completely, crematory or other place) ND State Veterans Cem. 8/19 Crownsville, Maryland
	21. SIGNATURE OF FUNERAL SURVICE LIDERSEE 22. NAME AND ADDRESS OF FACILITY
	George J. Gonce Funeral Home P.A.
	4001 Ritchie Hwy. Baltimore, Md. 21225
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert feliure. List only one cause on each line. Approximate Interval Between
	IMMEDIATE CAUSE (Finel Onest and Death
ļ	disease or condition - e. Metastatic Colon Cancer 31/2 year
	DUE TO (OR AS A CONSEQUENCE OF):
Z	Sequentially list conditions, b.
Ĕ	if any, leading to immediate
길	CAUSE (Disease or Injury
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
CERTIFICATION	d,
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? AMALELE PRIOR TO COMPLETION OF CAUSE
	7 U YES 2 A NO OF DEATH?
- 1	1 VES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 26 BLACE OF DEATH (Check only and)
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:
¥	27 MANUEL OF SEATU
	1 Netural 5 Pending (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)
À	2 Accident Investigation Investigation 1 YES 2 NO
	3 Sulcide 6 Could not be determined Could not be determined determined 286. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 286. PLACE OF INJURY — Al home, ferm, street, factory, office City or Town, State)
COMPLETED	No. COMPANY.
귤	29e. CERTIFIER (Check only cont) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.
ő	one) 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE C	29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)
	D16354 8/16/93
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
14	EW COLEIN 900 BESTGATE RD ANNAP Ned 21401
T	31. DATE FILED MOOTH Day, Your 1993 32. REGISTRAN'S SIGNATURE Suite Davidson Randon

		FOR
1		STATE
4	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

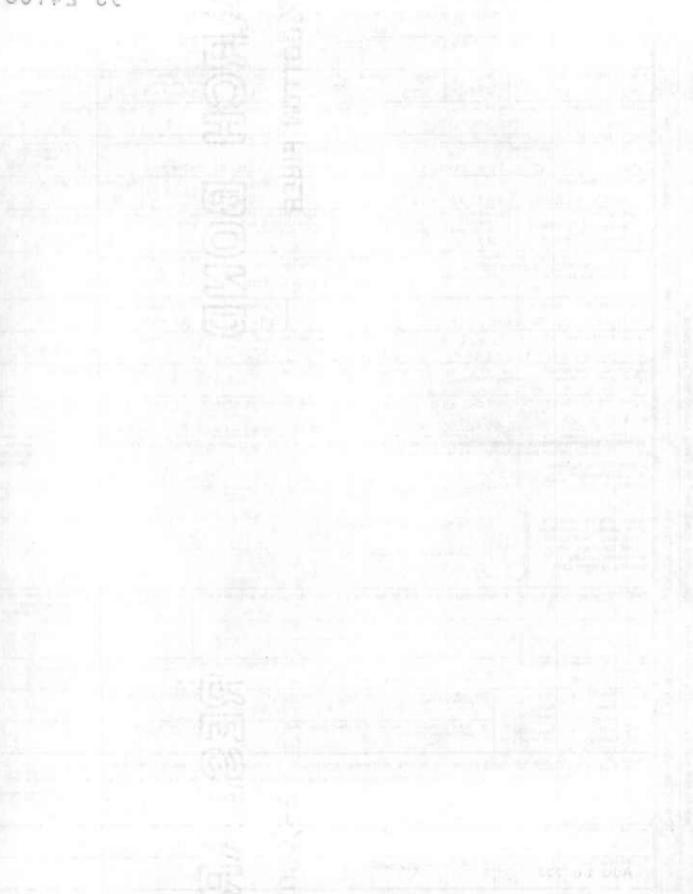
1. DECEDENT'S NAME (First, Middle, Last) DAVID	DAVI	D PA	RSOI		AMS		AUGU	ST 12	8-1 ** 199	2-93	3. TIME OF DEATH 8:35 P
4. SOCIAL SECURITY NUMBER 149 05 1045	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE (Mon	OF BIRTH		6. BIRTH Countr	IPLACE (State or Foreign γ)
149 05 1045 1 1 1 1 75 YRS. 6-19-1918 New Jers 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH HENSON LANDING ROAD (RESIDENCE) PORT TOBACCO CHARLES											
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CFTY, TOWN OR LOCAL								10d. INSIDE CITY LIMITS?	
	unty	La Pl			ata/Port Tabac			CO 1 YES 2		1 YES 2 NO	
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	7835 Hensen Landing Ro				10	2067	-			SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	TEVER IN U.S. AF	'ES 2 NO			MAS DECENDENT OF HISPANIC ORIGIN? (If yea, specify Cuban, Mexican, Puerto Ricci YES 2 NO Specify:					14. RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	live kind of a Do NOT u	work done during retired.) / Tele	ng most o	of working		b. KIND OF BU Enter			
17. FATHER'S NAME (First, Middle, Leat) David P. Sam:	son Gr					Flore					
19a. INFORMANT'S NAME (Type/Print) K		19	b. MAILING	ADDRESS (S		Number or Rural				In Code)	
AddressSame# 10		St	ate	Anatom	y Bo	oard, 6	555 W	Vest Ba	altin	ore	Street,
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	novel from State	20b. PLACE cemetery, cre	AND DATE ematory or o	OF DISPOSITION (Cher place)			21201			- City or To	
21 SIGNATURE OF FUNERAL SERVICE LI	CENSEE			. 22 NA	ME AND	ADDRESS OF FA	CILITY	Chah	7 7 2	2 + 2 =	y Board
23. PART I. Enter the disease, or shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	complications the	at ceused the de	eath. Do	65.	5W.	Balti of dying, suc	ch aa cei	eSt, B	Balto Diratory a	o MD	2 1 2 0 1 Approximeta interval Betw
23. PART I. Enter the diseesea, or shock, or haert feilure. iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	a. DUE TO	ot coused the deuse on each line	OUENCE O	65:	5W.	Balti of dying, suc	ch aa cei	eSt, B	Balto Diratory a	o MD	2 1 2 0 1 Approximeta interval Betw
23. PART I. Enter the diseeses, or shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	R coused the duse on each line R C T	OUENCE O	65:	5W.	Balti of dying, suc	ch aa cei	eSt, B	Balto Diratory a	o MD	2 1 2 0 1 Approximeta Interval Betw
23. PART I. Enter the diseesea, or shock, or haert feilure. iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	a	of coused the delise on each line (OR AS A CONSE	COUENCE O	not enter the	5 W .	Balti	ch as cer	est, Brdiec or reep	RAUTOPSY RMED?	o, MD	2 1 2 0 1 Approximeta Interval Betw
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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to bund, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

_	ricalo ITAN			ENIIF	ICALL	_ 01	DEMI		H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF (DA	NY.	YEAR	3. TIME OF DEATH
	ALVENA		STEWAR						98	14	5	93	1055 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De	y, Ybar)		a. BIRTHE Country	PLACE (State or Foreign
	219 10 8695	- (78	YRS.			2,000		12/16	5/19	14	Mar	y1and
œ	9a. FACILITY NAME (If not institution, give st Harbor Hospita	,					OR LOCATIO				12	INTY OF OE	
DIRECTOR	RESIDENCE OF DECEDENT	T center			Ddl	time	ore		City		===		=
<u> </u>	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
a	Maryland Ann	e Arunde	1	Ba	altim	ore							LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT		HAT COUNTRY?
FUNERAL	114 Camrose Ave	nue					212	225			Ţ	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, stc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		10			2 X NO			ı, atc.j		Specify	r:
	15. DECEDENT'S EDUC	ATION	10.00										White
	(Specify only highest grade	completed)	(G	CEDENT'S live kind of v Do NOT us	work done i	during mo	on st of workin	g	16b. KIN	D OF BUS	SINESS/IND	DUSTRY	
PLI	Elementary/Secondary (0-12)	College (1-4 or 5		ousew	rife				Ho	ome 1	Maker	r	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	IE (First, Middle	n Maiden	Sumama)		
BE C	M	artin K	iley						line			i	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number, C	ity or Towi	n, State, Zip	p Code)	
2	Patricia Turner		8	422 (Genev	7a R	oad	Pa	asaden	a, M	ary1	and 2	21122
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	wal from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	me of		OATE	20c. LO	CATION —	City or Tow	rn, Stata
	4 Donation 6 Other (Specify)		HOLY	Cros						Ba:	Ltimo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	(Medit	111		22.	NAME AN	D ADDRES	GODO	ce Fun	ora1	Hom	0 D 1	CI I
	(fuck	are	Afor	ne									. 21225
	23. PART I. Enter the diseases, or c ehock, or heert fallure. I	omplications the	t causad the de	ath. Do n	not entar	the mo	de of dyl	ng, auch	aa cardlec	or reepi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final	list only one cau	ise on each lina										Interval Batween Onset and Death
	disease or condition resulting in death)	CONGE	STIVE H	EART	FAIL	URE							5 DAYS
		DUE TO	(OR AS A CONSE	DUENCE OF	F):			-					
S I	Sequentially list conditions,		(OR AS A CONSE			\sim							
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING		HYPERIC		•	/ופוי/	И						i i
ᇤ	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEC	DUENCE OF	F):	1921	* 1						1
ᇤ	resulting in death) LAST	l											
	PART II. Other algnificant conditions	contribution to	double had not										
EDICAL	THE II. Other migniticant conditions	contributing to	death but not r	eeuiting	in the un	derlying	g ceuse g	iven in F	Pert I. 24a.	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									_ 10	YES 2	NO	- -	COMPLETION OF CAUSE OF DEATH?
Σ									- 1				1 - YES 2 1 NO
A N	25. WAS CASE REFERRED TO MEDICAL					00 01	105.05.05						
PHYSICIAN: M	EXAMINER?	HOSPITAL:	1 5000-1		OTHER	t:			ck only one)				
Ĭ	27. MANNER OF DEATH	26a. DATE OF		28b. TIM		28c. INJ			28d. DESCRIE		LIURY OC	CHRED	
	1 Netural 5 Pending	(Month, D.	ay, Year)	INJ	URY M	WO	RK7	. 1	Zou. DEGOTIL	LIIONI	100H1 0C	CONED	
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At ho	ma, farm, s	street, facto				281. LOCATION	N (Street a	nd Number	r or Rural Ro	oute Number.
COMPLETED	4 Homicide determined	building,	atc. (Specify)						City or Tox	wn, State)			
ן ב	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurre	ed at the ti	me, date	and place.	and dua t	o the cause(a)	and man	ner en stel	led.	
8	one) 2 MEDICAL EXAMINER												and manner as stated.
Ö W	296. SIGNATUREJAND TITLE OF CERTIFIER				0 0			NSE NUM					Month, Day, Year)
00	Colum Cl	autor	Ma) Ma	DALD	ly de	1	D	0/5	549		>	08/	15/93
۵ ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	1			, ,				
	RONIL	DA OUVAR	R, MP										
1	31. DATE FILEO (Month, Day, Year) AUG 1 8 100		R'S SIGNATURE	• מל	_								
V	AUG 1 8 199	J Sula	UNINE AND	- Manda									

1 - STATE REGISTRAR	SINIE OF MIN		ICATE OF		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)		02	OAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Vernean	Stokes	Vernean	Stokes		MONTH &	12	SAR J. SS PM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
213 46 6881	1 □ M 2 # F	47 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/24/46		MD .
9a. FACILITY NAME (If not institution, give North West Med				OR LOCATION OF DE		9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT	Tical Cente	r	R	andallsto	wn		
10a. STATE 10b. COUNT	TY	10c. CIT)	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
Md.				imore			LIMITS?
10a. STREET AND NUMBER 3600 Yenna	ar Lane	Apt 3B	10	0f. ZIP CODE 21244		10g. CITIZE	N OF WHAT COUNTRY? USA
11. MARITAL STATUS	12. WAS DECEDENT E		142 970 05				
1 Never Married 2 H Married	FORCES? 1	YES 2 FNO	If yes, s	pecify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No-	. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	\$ 24 NO Specify	t:	A	Afr. Ameracan
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT us	e retired.)	out or working			
17. FATHER'S NAME (First, Middle, Lest)							
	Mackall				ME (First, Middle, Maiden arv Mac	sumeme) kall	
19s. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Route Number, City or Tow		,
Samuel Stokes			_		alto. Md.	21244	(Apt. 3B)
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE O cemetery, crematory or ot Garrison	her place)				y or Town, Stata Mills, Md.
21. SIGNATURE OF FUNDAL SERVICE L	ICENSEE /	/ darribot	22. NAME A	AND ADDRESS OF FA	CILITY		
· Clail	(1) As	tes	Est	tep Broth	ers Funera Pl. Balto	1 Home	P.A.
				JOO Hucaw	TT. Darto	· LICE ·	7171/
23. PART I. Eller the diseases, Dr	complications that co	eused the deeth. Do n					t, Approximete
IMMEDIATE CAUSE (Final	complications that co. List only one cause	on earn line.	Dt enter the m	ode of dying, suc	h as cerdiec or respi	ratory arres	
shock, or heart fellure.	complications that co. List only one cause	eused in deeth. Do n on earn line.	Dt enter the m	ode of dying, suc		ratory arres	t, Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition	a	eused the deeth. Do n on each line. Listatic	ot enter the m	ode of dying, suc	h as cerdiec or respi	ratory arres	t, Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	a. DUE TO (OF	on each line.	bt enter the m	ode of dying, suc	h as cerdiec or respi	ratory arres	t, Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OF	on earn line.	bt enter the m	ode of dying, suc	h as cerdiec or respi	ratory arres	t, Approximete Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
AUG 1 8 1993

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last) Dave Stewart 2. DATE OF DEATH 3. TIME OF DEATH EWAR HVE 8/15/93 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5/25/26 249 56 3168 1 1 M 2 F 67 S.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secour Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2500 W. Fayette St. 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 # Married BY 3 Widowed 4 Divorced American COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Columbus Stewart notified at BE Corine D. Stewart 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Theo Jefferson 2500 W. Fayette &t. Balto. Md. 21223 Pe 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must or other place) 8/21/93 Mt. Carme I Timmonsville, S.C. 21. SIGNATURE OF PUNETIAL BERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 medicei 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause of each line. Approximata 0 Onset and Death IMMEDIATE CAUSE (Final attending physician and completely filler intal Hygiene prior to burial, cremation, or other traumatic event, the disease or condition Conto-Polmoney resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Shows . In I man eng lembal'
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST certificate has been signed by the attenth the State Dept. of Health and Mental d, or Item 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: HE HOSPITAL OR ATTENDING PHYSICIAN: The law HE FUNERAL DIRECTOR: After this certificate has the within 72 hours after death with the State Dept OFTANT: It from 28 is marked, or from 23 or 11em 23. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT
DE filed within 72 hours a
IMPORTANT: If Item 2 29a. CERTIFIER

There and 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 000432 He leads for Mah May
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8/17/93 9 MILENDI SABUNUM. 02, REGISTRAR'S SIGNATURE 31. DATE FILED (Morith, Rey, Year)
AUG 1 8 1993

SHAFFER,	CRVIN B	Bernai		ICATE O			2. DATE OF	DAY	195	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-26-913	5. SEX 1 M 2 □ F	6. AGE (in yrs. is	st birthday) YRS.	IF UNDER 1 YEA MONTHS DAY		R 24 HRS.	7. DATE OF I	9%192	6 M	BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institu	tion, give street end number)	OF BALT		96. CITY, TOW BAI	N OR LOCATI				c. COUNTY	
RESIDENCE OF DECED				Y, TOWN OR LO						1
MARYLAND	BALTI	MORE	10c. C11	BALT						10d, INSIDE CITY LIMITS? 1 YES 2 YO
3100 MARNAT	ROAD				21208			1	-	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Mai 3 Widowed 4 Divorced	ried FORCES?	NT EVER IN U.S. A 1 YES 2 Y WAR OR DATES	RMED NO	If yes,		n, Mexice	NIC ORIGIN? (S in, Puerto Rica y:			RACE — American Indian, Black, White, atc. Specify: WHITE
	NT'S EDUCATION thest grade completed) College (1-4 or 5	i+)				ing	16b. KIR	OF BUSIN	ESS/INDUST	PY
	SHAFFER				18. MOT	HER'S NA	E BLUK	BERG	mame)	
190. INFORMANT'S NAME (Type/ MRS THELMA		1	96. MAILING 3100	ADDRESS (Street	et and Numbe ROAD	BALT	TIMORE	MD 2	1208	te)
20 METHOD OF DISPOSITION 1 Burlal 2 Commation 4 Donation 5 Other (Sp.		cemetery, ca	rematory or o	OF DISPOSITION ther place)			DATE			or Town, State
23 PART I. Enter the disea ahock, or hear immediate CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions if any, laading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Due To	AREDIAC O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EOUENCE O	601.	O REIS mode of dy	STERS Ing, suc	h se cerdisc	ROAD E	SALTIN ory street,	Interval Betw Onset and De
that initiated events resulting in death) LAST PART II. Other significant	d	O (OR AS A CONSI			ring cause	given in		PERFORME	D?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?	EDICAL HOSPITAL:			OTHER:	PLACE OF	DEATH (Ch	eck only one)			
		☐ ER/Outpatient	3 DOA	4 Nursing I	lome 5 R	esidence	6 Other (Sp	ecily) BE HOW INJU		
1 O YES 2 NO 27. MANNER OF DEATH Natural 5 Pen	ding	PF INJURY Day, Year)		JURY	WORK?	NO			JRY OCCUR	ED
27. MANNER OF DEATH Naturel 5	ding (Month, stigation 26e. PLACE		IN.	M 1 [WORK? VES 2	NO	26f. LOCATIO			ED Rural Route Number,
27. MANNER OF DEATH Alatural 5 Pen 2 Accident 3 Suicide 6 Cou dete 29e. CERTIFIER (Check only one) 2 MEDICAL	ding stigation Id not be mined ING PHYSICIAN: To the bast of EXAMINER: On the basic of	Day, Year) OF INJURY — At h g, etc. (Specify) of my knowledge, of	nome, farm,	M 1 [atreet, factory, o	WORK? YES 2 (s, and due	26f. LOCATIO City or R	DN (Street end own, Stete) a) end manne	Number or F	Rural Route Number,
27. MANNER OF DEATH Natural 5	ding stigation Id not be mined MORPHYSICIAN: To the bast of EXAMINER: On the bast of CERTIFIER	Dey, Year) OF INJURY — At It is a construction of my knowledge, a examination and/or the construction of my knowledge, and the construction of my	feath occurr r investigation	JURY M 1 [atreet, factory, or and at the time, or on, in my opinion	WORK? YES 2 [Hice	s, and due	26f. LOCATIO City or R	ON (Street end own, Stete) a) end manne I place, end d	Number or F	Rural Route Number,
27. MANNER OF DEATH - Naturel 5 Pen 2 Accident 3 Suicide 6 Cou dete 29e. CERTIFIER (Check only one) 2 MEDICAL	ding stigation (Month, stigation at least of the building stigation at least of the basic of the	Dey, Year) OF INJURY — At It is, etc. (Specify) of my knowledge, commination and/or the specific spe	Seath occurr r Investigation EM 27) (Types	JURY M 1 [attreet, factory, o ed at the time, c on, in my opinion 7, Print)	WORK? YES 2 [Hice late end place n, death occu 29c. LIC	e, and due ired at the ENSE NUI	26f. LOCATIC City or R to the cause(e	on (Street and own, State) a) and manne I place, and d	Number or F	Rural Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9	3	2	4	ł	ł	J

	1 - STATE REGISTRAR	STATE OF I	/MARYLAND /	DEPAR ERTIF					MENTA	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) MARY	TRUSTY							MON	E OF DEATH D		YEAR 93	3. TIME OF DEATH 3:45 A M
	4. SOCIAL SECURITY NUMBER 219 - 28 - 5426	5. SEX 1 M 2 F	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH		6 BIRTH	PLACE (State or Foreign
OR	94. FACILITY NAME (If not institution, give THE JOHNS HOPK		TAL			TIM	ORE	ON OF D	EATH			ITY OF DE	ATH
DIRECTOR	MARYLAND 10b. COUNT	ТҮ			Y, TOWN								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 200 BETHEL COU	IRT				101	212				10g. CITI		HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12 WAS DECEDEN	YES 2 XI	RMED		If yes, sp	ENDENT (OF HISPAI	in, Puerto	N? (Specify Yes Rican, etc.)		14. RACE Black	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	JCATION e completed) College (1-4 or 5 d	(G life	ECEDENT'S live kind of DO NOT U	work done se retired.)	during mo	ON st of working	פי	16	b. KIND OF BU	SINESS/INO	USTRY	
BE CON	ABE MONT									Middle, Maiden KOON	Surname)		
5	190. INFORMANT'S NAME (Type/Print) PHILLIP TRUST	Υ	19	1039	ADDRES	S (Street a	nd Number RHAM	or Rural I	Aoute Nun	BALTI	n. State, Zip MORE	, MD	21205
	20e. METHOD OF DISPOSITION 1\(\subseteq \text{ Buriel 2 } \subseteq \text{ Cremation 3 } \subseteq \text{ Ren 4 } \subseteq \text{ Donation 5 } \subseteq \text{ Other (Specify)} \]		GARRIT					CEM	E T E		CATION — C		rn, Stata
	21. SIGNATURE OF FUNERAL SETVICE LI	thez	5 - Son	U.	W	Μ. (IARC	H F	н. 11			ORTH AVE.
	23. PART I. Entar the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceu	se on each line	ð.			da of dy	Ing, suc	h as car	diac or respi	ratory arre	eat,	Approximate Interval Between Onset and Death
z	tosumy in deating		CHOPY CONSECUTION AS A		P):								124
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a RENA	OR AS A CONSEC	OUENCE O									5 years
CERTIF	that initieted events resulting in death) LAST	d. CAD	(OR AS A CONSEC	DUENCE O	F):								15 years
PHYSICIAN: MEDICAL	PART II. Other significent condition	ns contributing to	deeth but not r	resulting	In the ur	nderlylกดุ	ceuse (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Ch	eck only o	ne)			
1YSIC	1 YES 2 W NO	HOSPITAL: 1 inputiant 2		1	_	sing Hom		eldence		er (Specify)			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	sy, Year)		M	1 🗆 1	RK? 'ES 2] NO	28d. DE	SCRIBE HOW II	NJURY OCC	URED	
	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At he atc. (Specify)	me, ferm,	street, fact	ory, office			28t, LOt City	CATION (Street a or Town, State)	ind Number	or Aural Ad	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of ER: On the bests of e	my knowledge, de amination and/or i	ath occum	ed at the t	lme, data	and place	and dua	to the ca	use(a) and man	ner as atate	d. cause(s)	end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R MA						NSE NUM					Month, Day, Year)
5	30. NAME AND ADDRESS/OF PERSON W		E OF DEATH (ITE	M 27) (Type	. Print)		111(578	0		08	14 9	15
1	TIMOTHY MO. 31. DATE FILED (Manth, Day, Year)		JHH B'S SIGNATURE										
7	AUG 1 8 1993	Julia .	R'S SIGNATURE	andere	2								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN		
3	1. DECEDENT'S NAME (First, Middle, Last)	loyd TR	oss b	ach.	SR.	2. DATE OF DEATH MONTH	16 G	3. TIME OF DEATH 5 1 0 PM
	The state of the s	SEX 6. AGE (In y)	rs. last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign unity) MERON MD
OR	Pa. FACILITY NAME (If not institution, give street Fall Stun Gener	1 11		E	R LOCATION OF DE		Sc. COUNTY OF	F DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	V	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND ST. 10a. STREET AND NUMBER	MARY'S		ALIFORN	ZIP CODE		10g. CITIZEN C	1 YES 2 NO
FUNERAL	1065 CHESTNUT OAK				2061		U.S	
BY	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW II & KORE,	E NO	If yes, spe	ENDENT OF HISPAN scify Cuben, Mexicar 2 NO Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	В	ACE — American Indian, lack, White, etc. pecify: WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)		USUAL OCCUPATIO ork done during mos		16b. KIND OF BUS	SINESS/INDUSTR	Y
MPL	UNKNOWN	College (1-4 or 5 +)	PILOT			U	.S. COA	ST GUARD
8	17. FATHER'S NAME (First, Middle, Lest) LOUIS TROSSBACH					ME (First, Middle, Maiden	Sumame)	
TO BE	194. INFORMANT'S NAME (Type/Print) ELEANOR A. GRIM		19b. MAILING	ADDRESS (Street at	nd Number or Rural R	OR BEALL houte Number, City or Tow	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION	20b, PL		FREDERI(DATE 20c. LO	ITY, MD	
	1 Burial 2 Cremation 3 Removal	from State cemeter GLEI	y, crematory or of	ner place) MEMORIA	AL PK	8/20 GL	EN BURN	
	21. SIGNATURE OF FUNERAL SERVICE LICENS USE OF THE CONTROL OF THE	H. Mile	ne de la companya della companya della companya de la companya della HUBBAF 4107 W	VILKENS A	AL HOME IN	TIMORE.	MD. 21229	
	23. PART i. Enter the diseeses, or com shock, or heart failure. List	iplications that caused the tonly one cause on each	e death. Do n line.	ot enter the mod	de of dying, such	ss cardiac or respi	ratory arrest,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	C - 1 -	3000		Shoul			Onset and Death
z		DUE TO (OR AS A CO	HSEQUENCE OF	IT KI	+310	M		lwk
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF	Sitan	fest	7 0,50	125	
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):	(1,00)	(((() () () () () () () () (
	d							
ICAL	PART II. Other significant conditions c	ontributing to death but r		the underlying	cause given in I	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Alth	ic Valve	345	06515	1	1 YES 2	□ NO	OF DEATH?
IAN:	25. WAS CASE REFERRED TO MEDICAL	to 14024	90K 1	26. PL	ACE OF OEATH (Che	ck only one)		
PHYSICIAN: MEDIC	1 TYES 2 NO	OSPITAL: Ripation 2 ER/Outpation		OTHER: 4 Nursing Home	5 Residence			
ВУ РН	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — / building, atc. (Specify)	At home, ferm, s	reet, factory, office		281. LOCATION (Street a City or Town, State)		al Route Number,
COMPLETED		N: To the best of my knowledge						te(a) and manner as stated
BE CO	296. SIGNATURE AND TITLE OF CENTIFIER	A Gaza	72		29c. LICENSE NUM			IED (Month, Day, Year)
010	30. NAME AND ADDRESS OF PERSON, WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	Par 6	TW HE	lets?	m 21047
+	31. DATE FILED (Month, Day, Year) AUG 18 1993	32. REGISTRAR'S SIGNATURE DEVILOR—A	ne unde 12	J 5/8	1 On L	N. L9	1 10 001	1 07

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1215	¥	P)
BALTIMORE, MARYLAND 21245	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described in the funeral director, page 5 should be described in the filled within 72 hours after death with the State Deut, of Health and Mental Hydlene prior to burial, cremation, or removal.	್ಷಕ
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2	be ret	ige 5 s	e no
ORE	6 may	ctor, pa	nust t
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XO	De eo	ician a	Taum?
B.	tificate	g physiene pr	ther t
P.0	ath ce	ttendin	0.0
DS,	the de	d Mem	infin
OR	s that	alth an	any
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	require	of He	Show
AL	he law	has b	ш 23
VIT	IAN: T	rtificate	or Ite
OF	PHYSIC	this ce	rked,
ON	DING	- After	S ma
VIS	ALLE	ECTOR Saffer	n 28
٥	IAL OR	AL DIR	If item
	HOSPIT	FUNER	TANT
	O THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after clearly with the State Dent of Health and Mental Hoglene brior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	- 5	-

	REGIS IRAN		- CI	ENTIF	CALE	UF	DEATH		REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last) CHARLE	S DI	CHARD	111	LRIC	ח.		M	OATE OF DEATH	AY 4.0	YEAR	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER 24 HR	- 4	August 1	4,19		7:50 P M PLACE (State or Foreign
N ₁	216-01-8905	1 💢 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS MIN	Ji	ine 11,1	912	Can	iada
	9a. FACILITY NAME (If not institution, give st	-			9b. CITY,	, TOWN C	OR LOCATION OF	F DEATH			UNTY OF D	
200	Manor Care-Rossy:	ille Nurs	ing Hom	ie		Ro	ssville	<u> </u>		Ba	ltimo	re
	10e. STATE 10b. COUNTY			10c. CIT	, TOWN O	OR LOCAT	TION					10d. INSIDE CITY
L DINE	Maryland 100. STREET AND NUMBER			Bal	timo							1 X YES 2 NO
LUNEHAL						101	21214					HAT COUNTRY?
	5939 Bertram Ave.	12. WAS DECEOENT	EVED MILLS AS	MED	Lan	****		21112	RIGIN? (Specify Ye		.S.A.	
	1 Never Married 2 X Married		YES 2 X		- 13	If yes, sp	ecify Cuban, Me	xican, Pu	erto Rican, etc.)	s or No-	Black	— American Indian, White, etc.
5	3 Widowed 4 Divorced	W TES, GIVE W	IN ON DATES			I [] TES	2 (X NO Sp	еслу:			Specif	"White
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16e. DE	ECEDENT'S	USUAL OC	CCUPATIO	ON ist of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	life	. Do NOT us	e retired.)	uuring mo	st of working					
2	8 yr's			Plumb	er				Local	#48		
COMPL	17. FATHER'S NAME (First, Middle, Last)	0111					Action to the Control	NAME (F	irst, Middle, Maiden			
u l	Richard Ernest	Ullrich					Anna			-	nown	
2	190. INFORMANT'S NAME (Type/Print) Mrs. Anita G. Ull	lrich	19		ADDRESS			iral Route	Number, City or Tow	m, State, Z	ip Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE						DATE 20c. LO	CATION -	- City or To	wn, Stata
	1 X Burial 2 Cremation 3 Remo	oval from Stata	cemetery, cre	ematory or of				8/93			more,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paul I	Hartson	rk Jr.			D ADDRESS OF					
	Faul L. Hair	tack D	7	311,01	l	_eon	ard J.	Ruck	,Inc.			
	23. PART I. Enter the diseases, or o shock, or heert fellure.	omplications that	caused the de	eath. Do n								Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Res	OR AS A CONSE	for	1	Tai	lu	9				Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENGE OF	. (Ca	PD					
NO LEGISTRO	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	DUE TO (OR AS A CONSE	OUENCE OF	ን፡		<u> </u>					
2	PART II. Other algnificant condition	s contributing to	death but not a	resulting i	n the un	darlying	g cause given	In Part	I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
FOICAL									PERFOR	. /		AMILABLE PRIOR TO COMPLETION OF CAUSE
									I LI TES	Lan		OF DEATH?
M. HISIOISH. M						-				1		1 WES 2 HO
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	(Check or	ily one)			
5	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER Nun		e 5 🗆 Residen	ce 6 🗆	Other (Specify)			
1	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIM	_	28c. INJ			DESCRIBE HOW	NJURY O	CCURED	
	1 Netural 5 Pending 2 Accident Investigation		,		M		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, o	INJURY — At hote. (Specify)	ome, ferm, e	treet, fact	ory, offic	•	281.	LOCATION (Street City or Town, State)		er or Rural R	loute Number,
COMPLETED	29a CERTIFIER P											
	(Check only)											THE PERSON NAMED IN
3	2 MEDICAL EXAMINE	2 /	amination and/or	investigatio	n, in my o	pinion, d	eath occured at	the Ilma,	data and place, ar	nd due to 1	the cause(s)) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1.11.	1 1	.11)		29c. LICENSE		_	29d. DA	TE SIGNED	(Month, Day, Year)
	amuel	west	uch	M			1) 600		/	•	8-1	1-43
	Samual J. Wes					11 0	+ 0	+0 [:			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI		JU 31.	Γαι	11-3	U. Sul	Le S	,			
	AUG 1 8 1993		viden B	ndo M.								
	<u> </u>	9			_							DHMH-16 Rev 1/8
												DUMH-10 HOV 1/1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

YSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	s, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic er

	REGISTRAN			ENIIF	ICAL		DEA	I FI	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Las		777						2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
	Mary Ellen Woz								August	15	1993	2:45 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	• •	IF UNDER	1 YEAR	HOURS	MIN.	7. DATE OF BIRT		a, BIRTHI Country	PLACE (State or Foreign
	214-01-2493	1 🗆 M 2 🔀 F	81	YRS.					October	25, 1	911 D	elaware
	8e. FACILITY NAME (# not institution, give	etreet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D			DUNTY OF DE	
OR	233 A. Rodgers Fo	rge Road			Rod	per	s For	rge		Re	Itimo	re County
5								- 50		1_00	LLCLING	re county
DIRECTOR	10a. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
0	Maryland Bal	timore Co	ounty	Roc	igers	For	ree				1 8	1 TES 2 NO
4	10e. STREET AND NUMBER				7,1-2-0	- V -	. ZIP COD	E		10g. C	TIZEN OF W	HAT COUNTRY?
E.	233 A. Rodgers H	orge Road	1				2121	2			11	S.A.
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AI	RMED	13	WAS DEC		-	NIC ORIGIN? (Spec	thy Was as No.		- American Indian,
	1 Never Married 2 Married	FORCES?	1 YES 2 X	NO		if yes, ep	ecify Cubi	in, Maxica	an, Puerto Ricen, e	(c.)	Black,	White, atc.
BY	3 Widowed 4 Divorced	IF YES, OIVE	WAR OR DATES			YES	2 X NO	Specif	ly:		Specifi	White
	15. DECEDENT'S EL	HICATION	ste Di	ECEDENT'S	I I I I	COLUDATIO	201	_	day whim d	F BUSINESS/		MILCE
E	(Specify only highest gra	de completed)	50	Sive kind of Do NOT u	work done	during mo	st of worki	ng	180. KIND (r business/	INDUSTRY	
اچ	Elementary/Secondary (0-12) 10 yrs.	College (1-4 or 8	+)			.1			D .	• -		
Z			UI	fice	orei	K			Ret			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		_						AME (First, Middle, A			
BE	William			Kelly	7		Ca	the	rine Ann	Fitzn	auric	9
10	19a. INFORMANT'S NAME (Type/Print)								Floute Number, City			
Ĕ	Sr. Kate Birch,	S.S.N.D.		233 A	. Ro	dger	s Fo	rge	Rd. Bal	timore	, Mar	yland 21212
	20g, METHOD OF DISPOSITION		20b. PLACE				_			c. LOCATION	-	
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗀 Other (Specify)	moval from Stata	New cr	Call he	ther place	Cen	neter	v Aı	1911st 18	Baltim	ore.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE 4	- 13	7							iore, i	alyland
		Mino	3 Acch	-		Mito	hell	-Wie	edefeld	Home		
	John G. Reit	z (M-0080	(4)	/		6500	Yor	k Ro	d. Balti	more.	Marvl	and 21212
	23. PART I. Enter the diseases, o	complications th	at caused the di	eath. Do	not antar	tha mo	da of dy	ing, suc	h as cardiac or	reapiratory	arreat,	Approximate
	shock, or heart failure	a. List only one ca	use on each line	e.								Interval Between
	IMMEDIATE CAUSE (Final disease or condition	N .	1.									Onset and Death
	resulting in death)	a. Dem	5V110	_								
							,					
Z	Sequentially list conditions,	· Arter	1- selen	ronc	Vo	1000	Mar	- 4	BRAIR			
Ĕ	if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):							
CERTIFICATION	CAUSE (Disease or Injury	c										
Ë	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):							
EH	Totaling III dealily Exist	d										
	PART II. Other algnificant conditi	one contributing to	death but not	resulting	in the un	derlyln	COULDO I	alven in	Part I 24a W	AS AN AUTOPS	V 245	WERE AUTOPSY FINDINGS
EDICAL	Chaima toje					- Carry	g cacaa	given in		RFORMED?		AVAILABLE PRIOR TO
ă	encumara la	1 Arin	N gro						1 🗆 1	ES 2 X NO		COMPLETION OF CAUSE OF DEATH?
Z												1 TYES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	neck only one)			76
မ္ဟု	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	n 🖂 DOA	OTHER		e 177 p.	anidana.	6 Other (Specif			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE O		28b, TIN		28c. INJ		esidence	28d. DESCRIBE		OCCUPED	
	1 Natural 5 Pending		Day, Year)		JURY	WO	RK?	7	Zeu. DESCRIBE	TOW INSURT	JCCORED	
B	2 Accident Investigation						YES 2	_] NO				
	3 Suicide 8 Could not b	9 building	OF INJURY — At he , atc. (Specify)	ome, ferm,	street, fact	ory, offic	•		281. LOCATION (: City or Town,	Street and Num State)	ber or Rural Ro	ute Number,
Ē.	Tometor Caterinines											
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best o	f my knowledge, de	eath occurr	ed at the t	lme, data	and place	, and due	to the cause(a) ar	d manner as a	stated.	
Ž I												and manner as stated.
	29b. SIGNATIONE AND TITLE OF CERTIF		/	100			_					
BE	I A LIA	me	1.	de				ENSE MUI	70.07	294. 0	ATE SIGNED	Month, Dept. March
၉	Karas	1-11	vi	-			112	66	5+	-	8/16	185
-	36 NAME AND ADDRESS OF PERSON Y					1.21			M		100:	
4	Barry Josepha,	M.D./Sul	te 411 (er	Bul	rain	ig, I	OWSC	on, Mary	Land 2	1204	
M	31. DATE FILED (Month, Day, Year)	32. REGISTR	AB'S SIGNATURE									
U	AUG 1 8 199	3 gula	Devidon-1	ander	2							
	7100 - 0 100			1								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	spital or attending ohysician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dect. of Health and Mental Hydlene prior to burial, cemation, or removal.	led for use as the burial-transit
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	C	WOLFE	5		2. DATE OF DEATH	Y Q'EAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213-66-6398	1 🗆 M 2 😿 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	398 PE	THPLACE (State or Foreign intry)				
TOR TOR	9a. FACILITY NAME (If not institution, give s GOOD SAMANI RESIDENCE OF DECEDENT	- 4	0 -40	ALTI	LOCATION OF DE	Md	BALT	DEATH IMUNG UTY				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAN	Y		OWN OR LOCATI		174		10d. INSIDE CITY LIMITS? 11 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER HOLF SCHLE	Y AVE, BA		-	21° CODE	16	10g. CITIZEN OF	WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Neyer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes, spe	ENDENT OF HISPANI city Cuben, Mexican 2 PMO Specify:	C ORIGIN? (Specify Yes i, Puarto Rican, atc.)	Bio	CE — American Indien, leck, White, stc.				
ETED	15. OECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life, Do NOT use ret	IAL OCCUPATION done during mos lired.)	N t of working	16b, KIND OF BUS	SINESS/INDUSTRY	λ) (<i>γ</i> Θ				
COMPL	/-	N/A	Homemaker			Own Ho	me					
Ö	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden Zeibold	Sumame)					
BE	Karl Kuny Sr.											
2	19a. INFORMANT'S NAME (Type/Print)	Abdition Abdition and Number of Horal House Number, City of Iown, State, 219 Code)										
ľ	Pauline L. Scott											
	1 Surial 2 Cremation 3 Remo		PLACE AND DATE OF DI Detery, cremetory or other p BK Lawn Cel		ne of		CATION — City or 1+ imore	Town, State , Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LIC		//	22, NAME AND	D ADDRESS OF FAC	ILITY		, integration				
	Lugino.	() to				eral Homes						
	23. PART I. Enter the diseases, or o	complications that cause	the deeth. De not e	entar the mod	la of dying, auch	ane, Balti	ratory arrest.	1. 21213				
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARD/	ach lina. AC A	cros	7			Interval Between Onset and Death				
_		CETTEB	CONSEQUENCE OF):	4 CUL	AN	ACUDE	2/7					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	b	CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	· CHRONIC	CARDI	10- P	UCHON	VARY D	15871	0				
TIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
SER	rosalting in death) EAST	d										
AL (PART II. Other eignificant condition	a contributing to death b	ut not resulting in th	e underlying	cause given in F			b. WERE AUTOPSY FINDINGS				
EDIC/						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME								OF DEATH?				
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26, PLA HER:	CE OF DEATH (Chec	ck only one)						
ΤΥS	1 VES 2 NO	1 Inpatient 2 ☐ ER/Outp	atient 3 DOA 4 D	Nursing Home	5 Rasidence 6							
	1 Metural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	WOR	K?	28d. DESCRIBE HOW IN	JURY OCCURED					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, term, street			26f. LOCATION (Street a	nd Number or Bure	Foute Number				
COMPLETED	4 Homicide detacmined	building, etc. (Spec	ify)			City or Town, State)		riodio ivoriusi,				
?LE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred at	the time date a	and place, and thus t	o the cause(s) and man	nor on mind					
OMI								(s) and manner as stated.				
BE C	THE OF CENTERED 29C. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
O	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print		W 34	10	00	1175				
	PR ARTOMIO 31. DATE FILED (Month, Day, Year)	M. CUET	MI JR	190	DE.NO	Thern	PRIVE	1,21239				
	AUG 1 8 1993	Felia Deviden 19	mobile.									

FOR

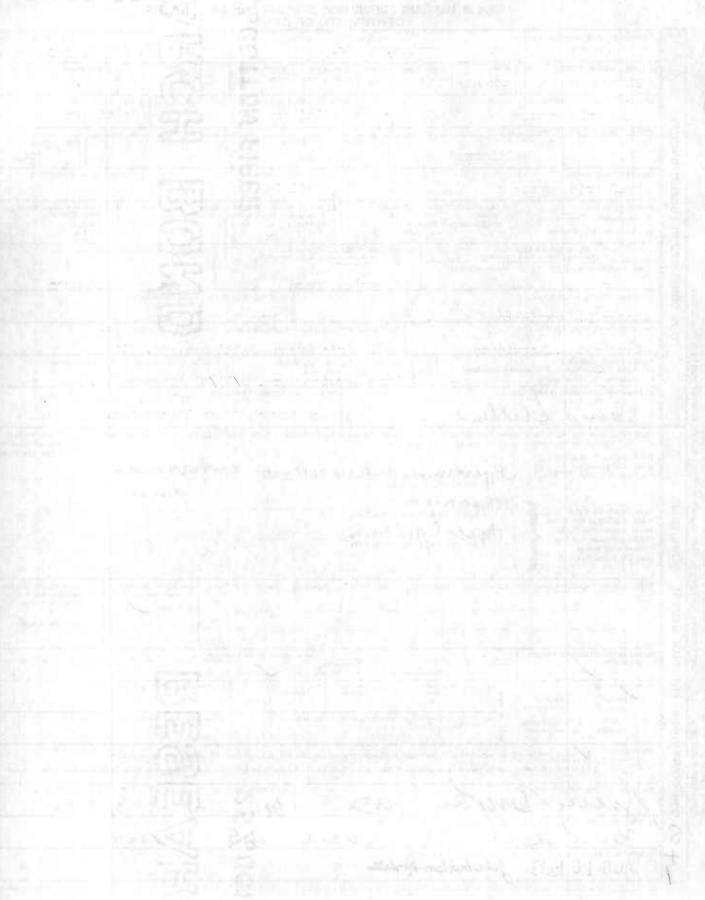
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	O.					
1. DECEDENT'S NAME (First, Middle, Last, James Ke		arrington	Sr.		2. DATE OF DEATH	. 1995 T	3. TIME OF DEATH 5:30 PM				
4. SOCIAL SECURITY NUMBER 216-28-0636	5. SEX 6	AGE (In yrs. lest birthdey) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mear) 8-29-26	a, BIR	THPLACE (State or Foreign				
96. FACILITY NAME (If not institution, give 2916 Erie Avenu			96. CITY, TOWN Balti	or location of D	EATH	9c. COUNTY OF DEATH Baltimore					
RESIDENCE OF DECEDENT 100. STATE 106. COUN	altimore		ry, town on Local	TION		10d.					
10e. STREET AND NUMBER			10	f. ZIP CODE		4.0	1 ☐ YES 2 HO OF WHAT COUNTRY?				
2916 Erie Avenu 11. MARITAL STATUS 1 □ Never Married 2** Married	12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	13. WAS DE		NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	USA os or No— 14. RA Bis	RACE — American Indian, Black, White, etc.				
3 Widowed 4 Divorced	1	WW 2		X NO Speck			nite				
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m ise retired.)	ducka							
17. FATHER'S NAME (First, Middle, Last)		SERVIT	ILV GUAL	18. MOTHER'S NA	Food Pro	oducts					
Sodar I. Warrin	gton	19b. MAILING	ADDRESS (Street		Weinberg Route Number, City or To						
Margaret M. War		2916 20b. PLACE AND DATE	Erie Av		4						
1 Burlet 2 Cremetion 3 Removal from State Complete, cremetory or other place) Hilltop Service Corp. 8/18/93 Towson, Md.											
21. SIGNATURE OF FUNERAL SERVICE L	4				050 York Hon		on, Md.				
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Limited and Death of the Court											
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST											
PART II. Other significent condition	ons contributing to dec	eth but not resulting	in the underlying	g ceuse given in	N AUTOPSY 2-0 PRMED? 2	AVAILABLE PRIOR TO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CI	heck only one)						
1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 T ER 26a. DATE OF INJ (Month, Day,)	URY 26b. TIR	4 Nursing Hor AE OF 28c. IN JURY	Ne 5 Nesidence	8 ☐ Other (Specify) 28d. DE\$CRIBE NOW	INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, stc.	IJURY — At home, term, (Specify)	street, factory, offic	:•	28f. LOCATION (Stree City or Town, State	t and Number or Rura e)	I Route Number,				
onel	SICIAN: To the bast of my IER: On the basis of sxam						o(s) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIF	mylu	us	29c, LICENSE NUMBER 29d, DATE SIGNED 8/17/								
TO O O THE	HO COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type	VSIN	, m	0 2	1204					
AUG 18 1993	32. REGISTRAR'S	SIGNATURE									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.





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Unera		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner	
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2	Dr.S 3	m 2	
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202	be filed within 72 hours after death with the State Dept. of Health and Mental H	MAL	
1100	fled	2	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HE	
CERTIFICATE OF D	DEATH REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARY					EALTH AND	MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATH	
	Gab Seon		Woo					MON			YEAR 73	8 D. W	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		. BIRTH	IPLACE (State or Foreign	
	216-37-0457	1 M 2 XF	33	YRS.	MONTHS	DAYS	HOURS MIN.	Sept	ember	25.09	Count	orea	
. }	9e. FACILITY NAME (If not institution, give str	reet and number)			96. CITY	, TOWN	R LOCATION OF D		(99/COUNT			
OR	1508 Cantwell Ro	oad				Woo	dlawn		4.4	DAL	511	NORE	
ויי	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							7.77		
DIRECTOR				Woodlawn								10d. INSIDE CITY LIMITS?	
<u>.</u>	10e. STREET AND NUMBER	timore					d Lawn		_		1 YES 2 NO		
RA	1508 Cantwell Ro	vad				1.00	21244						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yes		ea.		
	1 Never Married 2 Married	FORCES? 1 YES		0		If yes, sp	2 X NO Speci	an, Puerto	Rican, etc.)		Black	. American Indian, k, White, etc.	
ВУ	3 🖾 Widowed 4 🗌 Divorced						_ 4gj ***	7.				iental	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	(Gh	EDENT'S	work done	CCUPATIO	ON st of working	16	b. KIND OF BUS	SINESS/INDU	STRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	(Give kind of work done during most of working life. Do NOT use retired.)									
M	6th		Eva	ange.	list					ean Cl	hur	ch	
	17. FATHER'S NAME (First, Middle, Last) Kew Ha					16. MOTHER'S N							
BE	19e. INFORMANT'S NAME (Type/Print)	Lau				Song			ook]		K		
2	Mr. Sung Won Woo	nd Number or Rural											
	20e. METHOD OF DISPOSITION	20					11 Road Baltimore, MD 21244						
	20b. PLACE AND DATE OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) DATE 20c. LOCATION — City or Town Genetary, crematory or other place) George Washington Mem. Park 8/18 White Marsh,										wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											PA	
	VI a hou	$\sim \gamma \eta \cup c$	nk				ng Byers						
	23. PART I. Enter the diseases, or co			¥	87	728 1	Liberty	Road	Rand	allsto	own.		
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only ona cause on e	ech ilne.	CONSEQUENCE OF):								Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		(DR AS A CONSEQUENCE OF):										
A P	PART II. Other significent conditions	contributing to deeth i	out not re	sulting i	n the ur	derlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC									† 🗌 YES 2	210		DF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (CI	anck only o	noe)		1		
S		HOSPITAL: 1 Inpetient 2 ER/Out	nationt 3	DO4	OTHER	₹:							
H	27. MANNER OF DEATH	26e. DATE OF INJURY	I I	26b. TIM	Y	28c. INJ	Franklence	_	SCRIBE HOW II	PRIBA OCCIT	BED		
	1 Natural 5 Pending	(Month, Day, Year)		INJ	URY	_	RK? ES 2 NO	13000000					
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At horr	ne, ferm, s	treet, fact			281. LO	CATION (Street a	nd Number or	Rural F	loute Number.	
	4 Homicide determined	building, etc. (Spe	cify)					City	or Town, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the beat of my know	riados des	th occurre	ed at the t	lma deta	and plane, and div		43-4				
Š		l: On the basis of examination										and menner se stated	
	29h. SHENATURE AND TITLE OF CENTIFIER		-										
8	WITTINI	wow	1				29c. LICENSE NU	HBER		29d. DATE S	SIGNED	(Month, Day, Year)	
۹	30. MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM	27) (Type,	Print)	CK.	idelse	1)	2/2/	01	^	ico	
./	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	7 6	0	117	- F (461	JUNE C	16901	م المستكم	year 1	
4	AUG 1 8 1993	32. REGISTRAR'S SIGN	-Manda	M.						2	-/2	21me	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR	STATE OF MARYL	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	AV VI	3. TIME OF DEATH				
		Robert S.	Wengert				August 9	199	3 11:15 A				
P		4. SOCIAL SECURITY NUMBER 213-26-7668	1 X M 2 □ F 63	(In yrs, lest birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/4/193	0 N	BIRTHPLACE (State or Foreign Country) Iaryland				
Shou	000	9a. FACILITY NAME (If not institution, give				OR LOCATION OF E		9c. COUNTY	OF DEATH				
e-i	100	Atlantic Hosp:	ltal		Ber	lin,Md.		Werc	cester Co.				
il. Pages 1, 2, 3 should	рівестоя	10a. STATE 10b. COUN	TY	10c.	BALTIM	TION OBE Cit	y,Md.		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO				
	自	100. STREET AND NUMBER	· 57.		10	or. ZIP CODE	80	20.74	OF WHAT COUNTRY?				
hours after death. Page 6 may be retained by the hospital or attending physician bed in by the funeral director, page 5 should be detached for use as the burnishing or removal. medical examiner must be notified at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 17 YES IF YES, GIVE WAR OR D. KOrean	2 NO	It yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Spec//wWhite				
al or attender of the or as	ETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	(Give kind	T'S USUAL OCCUPATI of work done during m of use retired.)	ION ost of working	16b. KIND OF SU	SINESS/INDUST	'RY				
the hospital detached once.	COMPL	8th.Grade			Firema	n	Ва	altimo	ore City,				
the hose detach	00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Malden						
uid be	8	William William		Wenge		Carr	4		Baston				
s should 5 should notified	2	190. INFORMANT'S NAME (Type/Print) Mrs. Virginia	I Wongort				Route Number, City or Tow						
ay be		20a. METHOD OF DISPOSITION					1to.Mary						
e 6 ma ector, 5 must		Campation 3 Removal from State Campation 3 Glen State Campation											
. Pag ral dir		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ND ADDRESS OF F	ACILITY						
death. Pag tuneral dir J. examiner		De la la la la la la la la la la la la la	a Ma	/_	McC	111 T F11			l. 21230 E.Fort Ave				
d in by the or removal.		23. PART I. Enter the diseases, or	complications that cause	tha death. D	o not anter the me	oda of dying, suc	ch as cardiac or respi	iratory arrest.	Approximate				
hour led in		ahock, or haart fallura iMMEDIATE CAUSE (Final	. List only one cause on a	ach lina.				,,	intarval Between Onset and Daati				
executed within 24 hours after death. Page 6 m and completely filled in by the funeral director, to burial, cremation, or removal. matic event, the medical examiner must		disease or condition resulting in death)	a. CONARY DUE TO (OR AS A	CONSEQUENCE	TERY 2	USEASE	= (00020	SION)	Innedni				
execution and to bur	ATION	Sequantially list conditiona, if any, leading to immediata cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE	E OF):								
ling physiene p	ERTIFICATION	CAUSE (Disease or Injury that initisted eventa resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE	E OF):								
attend attend mtal H	Ü		d										
= 2 =	EDICAL	PART ii. Other significant condition	na contributing to death b	ut not resuitir	ng in tha undarlyin	g cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
een si of He	Σ							1	1 YES 2 NO				
has b Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (C)	took ook ook						
PHYSICIAN: The law this certificate has with the State Dep rked, or Item 23	SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3 D DO	OTHER:	LACE OF DEATH (C)		Ready					
YSICIA s certif th the	ξ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF 28c. IN.	JURY AT	28d. DESCRIBE HOW II	BEACH NJURY OCCURE	ED				
NG PHYS fter this sath with marked	ВУБ	1 Natural 5 Pending 2 Accident Investigation	(MORRI, Day, Year)			YES 2 NO							
TTENDII CTOR: A after de 28 Is	ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ten	m, street, factory, offic	ca .	281. LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,				
RAL DIRE	COMPLE		SICIAN: To the best of my knowl ER: On the bests of examination										
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 P IMPORTANT: II I		296. SIGNATURE AND TITLE OF CERTIFIE			whom, in my opinion, c								
Pog Fed Fed Fed Fed Fed Fed Fed Fed Fed Fed	8	Setty 1	111 -4 1	$n \mid l$		29c. LICENSE NU	MBER		GNED (Month, Day, Year)				
₽ ₽ ₽ ≅	2	30. NAME AND ADDRESS OF PERSON WI	HOLOMPLETED CAUSE OF DE	ATH (ITEM 27) (7)		W ST.	Since II.						
	H	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNI	ATURE	LUS INOL	W ST,	SNOW HIL	1, 10	21863				
	力	AUG 1 8 1993	Julia Davidson										

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TO BE COMPLETED BY FUNERAL DIRECTOR

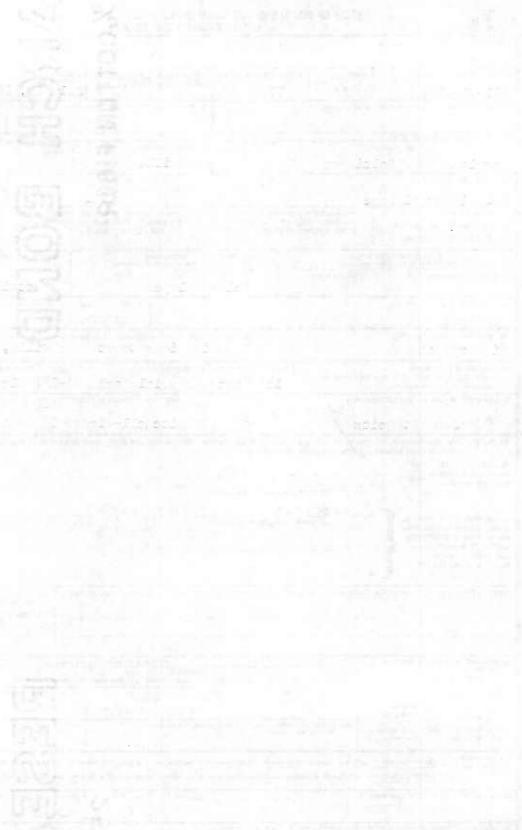
- STATE REGISTRAR		AKYLANU /		ICATE				MENTA	REG.				
1. DECEDENT'S NAME (First, Middle, Last)							Lot		OF DEATH	Н			3. TIME OF DEATH
CHONG F			V	ΔN				08	н .	1 3		YEAR Q 3	4:10 AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH			a BIRTI	HPI ACE /State or Forming
217-92-3189	1 XM 2 F	77	YRS.	MONTHS	DAYS	B HOURS MIN.			July 29,		Coun		nina
e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF										
NODELL ADMINDEL MO	ODTELL 10	COOTIET											0011117711
NORTH ARINDEL HO	ISPLIAL AS	SOCIATI	OCTATION GLEN BURNIE						_	_		A.A.	COUNTY
0n. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OF	LOCATIO	М							10d. INSIDE CITY
Maryland Ba	ltimore			Parky	vill	e							1 TES 2 NO
O. STREET AND NUMBER					10f.	ZIP CODI	E				10g. CIT	IZEN OF	WNAT COUNTRY?
3 Windersal La	ne						212	34		1		U.S	Δ.
1. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED						N? (Specify		or No-	14. RAC	E — American Indian.
□ Never Married 2 ★ Married □ Widowed 4 □ Divorced	IF YES, GIVE W	YES 2 1	40		YES 2				Rican, etc.)		Spec	Chinese
15. DECEDENT'S ED	JCATION			USUAL OCC				168	. KIND OF	BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	- Illin	Do NOT us	vork done du a retired.)	uring most	of working	ng	- 12					
UNKN			Self-	Emplo	oyed				Ret	ai	1- H	Food	
FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Mai	iden S	umame)		
Unknown						Unk	now	n					
a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and	d Number	or Rural	Route Num	ber, City or	Town,	State, Zip	o Code)	
Kin Kay Yan			2 Rot	oin R	idge	Cou	irt	Parl	kvill	Le,	Mar	ryla	nd 21234
a. METHOD OF DISPOSITION Burial 2 Cremetion 3 Rec	novel from State	20b. PLACE						DAT					own, Stata
□ Donation 6 □ Other (Specify)		Glen	Haver				_	8-		_			e, Marylan
SIGNATURE OF FUNERAL SERVICE L	CENSEE	90	1	22. N	AME AND	ADDRE	SS OF FA	CILITY	6500	Yo	rk I	Rd.	Balto. MD
John G. Re	its long	- Key	9	- M-	itch	ell-	Wie	defe	ld Ho	ome			21212
iequantially list conditions, I any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	c	OR AS A CONSECUTIVE OR AS	OVENCE OF	F):	nyo	Ja	oly	/					years
ART II. Other algorificant condition	d	death but not r	reaulting i	In the und	ieriying	cause (given in	Part i.	24a. WAS PER 1 TYES	FORM	ED?	241	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL					00 01 4	00.00.0	FAT14 401						
EXAMINER?	HOSFITAL:			OTHER:	:			eck only o					
1 YES 2 NO	1 Inpatient 2 I			4 Nursi			sidence						
Natural 5 Pending	(Month, Da		26b. TIM	URY 4	WOR	K?	7.4-	28d. DE	SCRIBE HO	JW IN.	JUHY OC	CURED	
2 Accident Investigation	22 1 W 1 2 2 1 W		<u> </u>			S 2	NO						
3 Suicide & Could not be 4 Homicide determined	building, a	INJURY — At ha its. (Specify)	me, term, s	Rreet, factor	ry, office			261. LOC City	ATION (Str or Town, S	reet an itate)	d Number	r or Rumi	Route Number,
D. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINA . SIGNATURE AND TITLE OF CERTIFIE	ER: On the besis of ax				inion, dec	nth occur	red at the	time, deta	and place	, end	due to th	he cause(a) and manner as stated
/	1	100				0	195	5/2				8-1	3 73
SANG C. DOH, M.I. DATE FILED (Month, Day, Year)	- 1/				#20)6/G	LEN	BURN	IE,	MAI	RYLA	ND	21061
DATE FILED (Month, Day, Year) ANG 1 8 1993	32 REGISTRAF	'S SIGNATURE	nds BR										

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION





FOR STATE

	HEGISTHAR			Intic	ICALE	OF DE	AIH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY		EAR 3.	TIME OF DEATH
	ROBERT ZIM	MERMAN								1,1993		1:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	t birthday)	IF UNDER 1 Y		JNDER 24 HRS.	7. DATE OF BI	IRTN	8	BIRTHPLA	CE (State or Foreign
	217-03-6167	1 📉 💥 2 🗆 F	83	YRS.	MONTHS	MYS HOU	JRS MIN.	(Month, Day, DEC.]	3,19	909	Country) MD	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	ON OR LO	CATION OF DE		T	9c. COUNTY		N
5	MERIDIAN BRIG	HTWOOD				TIMO					TIMO	
5	RESIDENCE OF DECEDENT	11211000			DAL	11 1111	XIII			DAL	TITIO	KE
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATION					100	I. INSIDE CITY LIMITS?
	MD				BA	LTIM	ORE				1 (XXES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	6023 BERKELEY	AVE				1 2	21209				US.	A
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13. WA	S DECENDE	NT OF HISPAN	IIC ORIGIN? (Spi	ecify Yes o	or No- 14	. RACE	American Indian, hita, etc.
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES	o		es, specify (n, Puerto Rican,	etc.)			WHITE
							Λ			{		MUTIE
臣	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE0	CEDENT'S	USUAL OCCI	JPATION na most of v	endina	16b. KIND	OF BUSI	NESS/INDUS	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done duri se retired.)	ng most	roving					
M P	12		RE	TAIL					MEAT	C		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	****						ME (First, Middle,		umame)		
BE	SAMUEL ZIMMERM	OLIVIII SIM IIO										
0	19e. INFORMANT'S NAME (Type/Print)	-000						Route Number, Cli			ode)	
-	MRS. SYLVIA ZIMM	IERMAN	6	023	BERKEI	EY A	VE. BA	LTO.,MI	0. 2]	L209		
	20a. METHOD OF DISPOSITION 1 Typerial 2 Cramation 3 Nem	noval tropp State	20b. PLACE A			M (Name of		and the second second	20c. LOC/	ATION — CIR	y or Town,	State
	4 Donation 5 D Other (Secty)	//	TORKM	AN C	IRCLE		8-	16-93	BAI	CTO.,	ID.	
	21. SIGNATURE OF FLINEBAL SERVICE LIK	Egyla .			22. NA	ME AND AD	Offess of FAC	SOI SOI	T.EX	TNISON	I AND	BROS.
	> Hont	- /-			60	O RE	TOTERS	TOWN RI				
	23. PART i. Enter the diseases or	amplications that o	want the de	th Do								
	snock, or neer tandre.	Lisi only one cause	on each line.	In. oo i	Ot enter to	a mode or	dying, sucr	n as cerdiec d	or respira	itory arres	t,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	1 wash	22.22									Onset and Death
ŀ	resulting in desth)	" - Jungo	ama									Byears
İ		DUE TONOR	AS A CONSEQ	UENCE OF	<i>ት</i>)፡							/
8	Sequentially list conditions,	b	AS A CONSEO									
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DOE 10 (OR	AS A CONSEC	UENCE OF	'):							
5	CAUSE (Disesse or injury	C. DUE TO (OF	AS A CONSEO	UENCE OF								
Ē	that initiated events resulting in deeth) LAST	332 10 (31)	AS A CONSEC	OLINOL OF).						i	
8		d										
	PART ii. Other significant condition	e contributing to de	eth but not re	esulting i	n the unde	rlying cau	se given in i	Part i. 24a.	WAS AN A			RE AUTOPSY FINDINGS
EDICAL	ASCUD								PERFORM		COL	ILABLE PRIOR TO APLETION OF CAUSE
								' ' '	100 1	_ 110	1	DEATH?
								-			''	YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL					28. PLACE (OF DEATN (Che	eck only one)				
O	EXAMINER?	HOSPITAL: 1 Inpetient 2 EF	3/Outnation: 3	□ DOA	OTHER:	Mana E [Pauldana	a 🗆 Orb (O	- 74 1			
S	1 TYES 2 NO			- 500	_			8 Other (Spec		IURY OCCUE	IFD.	
HYSI	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJ		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME (
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ			URY	WORK?	-					
₽	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1	Noar)	INJ	M 1	WORK?	-			d Mumber or		Alveber
₽	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ	ijury — At hon	INJ	M 1	WORK?	-	281. LOCATION City or Tow	(Street and	d Number or		Number,
₽	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	IJURY — At hon (Specify)	me, farm, s	M street, factory,	WORK?	2 NO	28f. LOCATION City or Tow	l (Street and vn, State)		Rural Route	Number,
₽	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only	28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IN- building, etc.	IJURY — At hon (Specify) knowledge, dea	me, farm, s	M street, factory,	WORK? YES offica	2 NO	28f. LOCATION City or Tow	(Street and (State)	er as stated.	Rural Route	
₽	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	IJURY — At hon (Specify) knowledge, dea	me, farm, s	M street, factory,	WORK? YES offica	2 NO	28f. LOCATION City or Tow	(Street and (State)	er as stated.	Rural Route	
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TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (Free Modes, Last) DARRAC CONTROL SECURITY NUMBER SEC 6. AGE (in yrs. link) brindly) Funces 1144 Funces 1 Mes. ALIQ. 18 9. ALIG. 1.00 A. ALIQ. 1.00 A. ALIG. ALIG.	STATE REGISTRAR		SIAIE UF I	MAKYLANU C		ICATE O			MENTAL HY	GIENE B. NO.		
A SCIENCE SECURITY NUMBER OF A STATE OF A SECURITY NUMBER OF A SECURITY		t, Middle, Last)										3. TIME OF DEATH
4. SOCIAL SOCIALITY NAMES OF A DESCRIPTION AND ADDRESS OF THE ADDR		73.71							MONTH	DAY		
217-33-8562 ***R. PROJUTY MANUE of an immunion, or series and number) 116 Belfast Rd. **RESIDENCE OF DECEMBENT** **RESIDENCE OF DECEMBENT*	4 SOCIAL SECURITY NUM					IF IMPER 4 MEA		24 (20				
STATE OF COUNTY OF COUNTY 1.16 Belfast Rd. 1.2 We accorded state of the county of Co	7. OOOME GEOOM! I HOM	DEII.		G. PIGE (III y/s. II				-			8. BIRTI	HPLACE (State or Foreign (ry)
THE RESIDENCE OF DECEDENT THE STORE THE STORE THE STORE TO NO. COUNTY MICH. Baltimore THE STORE			94	YHS.			- 10	Sept. 26	1898		Greece	
THE STORE OF DECEDENT Med. 106. COUNTY Med. 106	Sa. FACILITY NAME (If not it	nstitution, give	street and number)			96. CITY, TOW	N OR LOCAT	TON OF D	EATH		DUNTY OF C	DEATH
THE STORE OF DECEDENT MA. STORE 19 No. COUNTY MA. BETHER TARD HAMBER BETHER TARD HAMBER 11. WAS DECEDENT EVEN IN U.S. ARMED 11. WAS DECEDENT EVEN IN U.S. ARMED 11. WAS DECEDENT EVEN IN U.S. ARMED 11. WAS DECEDENT EVEN IN U.S. ARMED 11. WAS DECEDENT EVEN IN U.S. ARMED 11. WAS DECEDENT FOR PROPHING PROBLEMS AND OF PROBLEMS AN	116 Belfas	CEDENT'S NAME (First, Middle, Last) PARASKET CGAL SECURITY NUMBER S. SEX 7-33-8562 ACILITY NAME (If not institution, give afreet and num 16 Belfast Rd. BIDENCE OF DECEDENT STATE 10b. COUNTY Md. Baltimore BTRIEET AND NUMBER 6 Belfast Rd. ARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1) 6 THER'S NAME (First, Middle, Last) ANTHORIMANT'S NAME (Type/Print) PLOY AND OP DISPOSITION Burled 2 Cremation 3 Removal from S Donation 5 Other (Specify) GNATURE OF FUNERAL SERVICE LICENSEE PART I. Enter the diseases, or complication shock, or heart fellure. List only of EDIATE CAUSE (Final ase or condition witing in death) AS CASE REFERRED TO MEDICAL XAMINERY Lenter than the conditions of the conditions of the condition o				Ti	noniu	m		Ba	altimo	re
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MES STREET AND MOMENTS 16 Reliast Rd	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					
11.6 Bet Fast Bet 12. was December even in U.S. Anabor 12. was December even in U.S. Anabor 12. was December even in U.S. Anabor 12. was December even in U.S. Anabor 12. was December of Present of Rename and Present even in U.S. Anabor 12. was December of Present even in U.S.	Md.	Bal	timore			Timoni	1100					
THE ABORTAL STATUS IT MARKET	10s. STREET AND NUMBER		CINOI C					ne .		100 (STIZEN OF	
11. MANTAL STATUS 12. WAS DECEDENT EVEN IN U.S. AND CEDENT OF THE PROPERTY SPECIAL PARK IN OR VINCE 13. WAS DECEDENT OF WAS ON DATES 14. MANTAL STATUS 15. MANTAL STATUS 16. MANTAL STATUS 17. MANTAL STATUS 18. MANTAL STATUS 18. MANTAL STATUS 19. MANTAL							IOI. ZIP COL	,,,		109. 0	ATTACK OF	WHAT COUNTRY?
Notes Married 3 Married Property 1918 2 2 2 2 2 2 2 2 2		Rd					2	1093				
If yes 3 No Seach; Sea			12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS D	ECENDENT	OF HISPA	NIC ORIGIN? (Spec	ify Yes or No-	- 14. RAC	E — American Indian,
15. DECEDENT'S EQUATION South of the procession of the process o					,,,,					16.)		
Sequentially list conditions Sequentially list conditions	32L Wildowed 4 Dive	orced										White
Continued by Continued Con	15. DEC	CEDENT'S EDU	CATION						16b, KIND (OF BUSINESS/	INDUSTRY	
HOUSE WIFE 15. ANTHERS NAME (Prix, Mode, Late) 16. MOTHER'S NAME (Prix, Mode, Late) 17. MOTHER'S NAME (Prix, Mode, Late) 18. MOTHER'S NAME (Pr				- 44	e. Do NOT u	work done during se retired.)	most or work	ing				
17. MATIER'S MAME (Pisz, Mode, Makiden Summers) Starvos Tzoumi 19. MOTHER'S MAME (Pisz, Mode, Makiden Summers) 19. MATINO OF DISPOSITION 19. MOTHER'S MAME (Pisz, Mode, Makiden Summers) 19. MATINO OF DISPOSITION 19. MATINO OF	6	,			TTours	77: F.				***		
SEAVED TO SERVICE UCENSES Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. Sequentially list con	17 FATHER'S NAME (E)-4 1	Aiddle Leet			House	* wrie	40.14	The same of the				
195. NPCOMANT'S NAME (PipesPierr) 196. MALLING ADDRESS (Breef and Number or Num Roote Number, City or Rum. State. 2009) 196. MALLING ADDRESS (Breef and Number or Num Roote Number, City or Rum. State. 2 Cremetion 3 Permovel from State 296. METHOD OF OITH (Stock) 296. METHOD OF OITH (Stock) 296. METHOD OF OITH (Stock) 297. MANE AND ADDRESS (Breef and Number or Num Roote Number, City or Rum. State. 2 298. METHOD OF OITH (Stock) 299. METHOD	TAIRER & NAME (FISE, N	moure, cast)					16. MOT	HER'S NA	NME (First, Middle, A	Walden Surname)	
Peter Antonopoulos Same as 10e 20s. METRODO OF DISPOSITION (Numeral Conditions) 20s. PLACEAND DATE OF DISPOSITION (Numeral Conditions) 20s. PLACEAND DATE OF DISPOSITION (Numeral Conditions) 20s. PLACEAND DATE OF DISPOSITION (Numeral Conditions) 21s. SIGNATURE OF PUMPRAL SERVICE LICENSEE 22s. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Batween Character (Note Condition) 22s. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Batween Character (Note Condition) 23s. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Batween Character (Note Condition) 23s. PART II. Other interests on the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intraval Batween Character (Note Condition) 24s. PART II. Other interests on the cause of the cardiac or respiratory arrest, intraval Batween Character (Note Condition) 25s. Question of the Condition of the Conditions of the Condition of							K	onst	antina	Koutri		
Description of Disposition	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street	and Numbe	or or Rural	Route Number, City	or Town, State,	Zip Code)	
Description of Disposition	Peter Anto	moponi	los			Same	as 10	0				
Committee Comm			100	20h BLACE	ANDDATE				DATE 2	On LOCATION	City or T	State
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heart fellure. Lief only one cause on each line. 10.50 York Rd. Towson, Md. 21.204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, intravel Barbon, or heart fellure. Lief only one cause on each line. 10.50 York Rd. Towson, Md. 21.204 Approximate intravel Barbon, Md. 21.204 Ap	12 Burial 2 Crematic	on 3 🗌 Ren	noval from Stata	cemetery, ci	rematory or o	ther plece)						
Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO for AS A CONSEQUENCE OF): Sequentially list conditions, and the properties of the part of the par		**		I St.	Demet			-		Cub F	Hill,	Md.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Beginning in death) Beginning in death) Beginning in death) Beginning in death in thirted events resulting in death) Beginning in death in thirted events resulting in death in thirted events resulting in death) Beginning in death in thirted events resulting in death in LAST Beginning in death in thirted events resulting in death in thirted events resulting in death in LAST Beginning in death in thirted events resulting in death of the thirted events resulting in death of the thirted events resulting in death events resulting in death events resulting in death of the thirted events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting in death events resulting	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE									
23. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 242. WAS AN AUTOPSY PROPRIET TO HOPE IN THE PROPRIET CAUSE (Final Member of Part II.) 243. WAS CASE REFERENCE TO MEDICAL EXAMENER? USE of DEATH (Rock only one) 254. MANNEY OF DEATH 255. Panding Mome 5 Panding Investigation of Death (Rock only one) 255. Manney for Death 256. DUE TO IN AS A CONSEQUENCE OF): 267. OTHER: 268. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 269. DUE TO GO AS A CONSEQUENCE OF): 269. DUE TO GO AS A CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM AND THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FRODROM ON THE CONSEQUENCE OF): 260. WERE AUTOPSY FROD												
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (or AS A CONSEQUENCE OF): OUE TO (o		energe de la constante de la c				11050	York	Rd.	Towson,	Md. 2	21204	
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART III. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate ING	E COL	OM AS A CONSE	EQUENCE OF	Ha Ha	eard	1	fail	ure		48 4.
PERFORMED? YES 2 NO NO		T L	4									
PERFORMED? YES 2 NO NO	PART if. Other algoritics	ent conditio	na contributing to	deeth but not	resulting	In the underly	Ing ceuse	alven in	Part I 24a W	M.C. AN AUTODO	v I au	WEDE AUTOREY ENDINGS
EXAMINER? YES 2 NO									P	ERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
EXAMINER? YES 2 NO												
1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) 27. MANNEW OF DEATH 1 Netural 5 Pending Investigation 2 28c. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER (Check only a purple of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 28e. DEAL EXAMINATION On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 28e. DEAL EXAMINATION On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. LOCATION (Street and Number o		O MEDICAL					PLACE OF	DEATH (C	heck only one)			
28a. DATE OF INJURY 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only and place) 1 CERTIFIER (Check only and place) 29c. LICENSE NUMBER 29c				ER/Outpatient	3 DOA		ome sto	lagidanos	6 Other /Corne	6/1		
Note Note	27. MANNER OF DEATH							- Souther			occupen	
2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28c. CERTIFIER (Check only and place) 28c. CERTIFIER (Check	_/	Pending				JURY	WORK?		EGG. DEGGNIBE	mount	COUGHED	
4 Homicide Building, atc. (Specify) City or Town, State) Capturined City or Town, State) City or Town, St								NO				
(Check only a CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Sept. SIGNATURE AND LITTLE OF CERTIFIER W. D. 29c. LICENSE NUMBER D. 26 170 D. 30 DATE SIGNED (Month, Day, Year) W. D. 26 170 D. 30 DATE SIGNED (Month, Day, Year) D. 26 170 D. 31, REGISTRAR'S SIGNATURE			26a. PLACE C building,	F INJURY — At h atc. (Specify)	ome, farm,	street, factory, o	fice		28f. LOCATION (City or Town,	Street and Num State)	ber or Rural	Route Number,
(Check only a CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Sept. SIGNATURE AND LITTLE OF CERTIFIER W. D. 29c. LICENSE NUMBER D. 26 170 D. 30 DATE SIGNED (Month, Day, Year) W. D. 26 170 D. 30 DATE SIGNED (Month, Day, Year) D. 26 170 D. 31, REGISTRAR'S SIGNATURE	no cerricien 1/	-										
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	(Check only											
M. D. D. 26170 DOS-18-93 M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEOR PROPERTY M. D. 7600 OSLER DR. TOWSOW MG 11. DATE FILED (Month, Dey, Year) 32, REGISTRAR'S SIGNATURE	2 400	ICAL EXAMIN	R: On the basis of a	xamination and/or	Investigation	on, in my opinior	, death occu	ured at the	time, data and pla	ace, and due to	the cause(s) and manner as stated.
M. D. D. 26170 DOS-18-93 M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEOR PROPERTY M. D. 7600 OSLER DR. TOWSOW MG 11. DATE FILED (Month, Dey, Year) 32, REGISTRAR'S SIGNATURE		/										
GEORGE PIRPIRIS M.D. 1600 OSLER DR. TOWSON MY 21204 11. DATE FILED (Month, Dey, Veer) 33, REGISTRAR'S SIGNATURE		5/1	2	10			29c. LIC	ENSE NU	MBER ()	29d. C	ATE SIGNED	(Month, Day, Year)
GEORGE PIRPIRIS M.D. 1600 OSLER DR. TOWSON MY 21204 11. DATE FILED (Month, Dey, Veer) 33, REGISTRAR'S SIGNATURE	4	14/	1101	> "	V.		14.	26	1/0		10-1	8-13
11. DATE FILED (Month, Day, Year) 33, REGISTRAR'S SIGNATURE	30. NAME AND ADDRESS O	F PERSON W	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	, Print)	7/			N		sac und
	GEOR	\$ E	PI	RPIR	15/	M.D.	1600	05	LER I	DR.	70W	1204
			32 REGISTRA	R'S SIGNATURE	nde 10							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any lajury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



















REGISTRAR		С	ERTIF	ICATE	OF DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middie, Last)	C.	BAT	14	V		2. DA'	TE OF DEATH	i c	9°53	4.25	
4. SOCIAL SECURITY NUMBER 214-16-7600	5. SEX 1 XM 2 F	AGE (In yrs. la	st birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HI AYS HOURS MI	(5.4-	118	8. BIRTNPL Country) PRII	ACE (State or For		
90. FACILITY NAME (If not institution, give stre SINAI HOSPITA				BALTI MORE, MAKY LAND U.S. A.							
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATION		10d, INSIDE CITY				
MD.			В	ALTIN	1ORE			LIMITS?	NO		
100. STREET AND NUMBER 4838 PTMLTC	IO DD				10f. ZIP CODE	_		AT COUNTRY?			
1000 1211210	12. WAS DECEDENT I	EVED IN II S AI	PMED	42 110	2121	200 00	N - I		.S.A.	_	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X	YES 2		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: Specify: BLA							
15. DECEDENT'S EDUCA (Specify only highest grade of		(0	Give kind of	USUAL OCCL	IPATION ng most of working	66. KIND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (0-12) 8 TH	College (1-4 or 5+)		DO NOT U FRFT	GHT F	Mo II	ו זא גי	וסוומיו	KING C	0		
17. FATHER'S NAME (First, Middle, Last)			LILLI	OHI I		S NAME (Firs	t, Middle, Meiden		INOC	KING C	U
HAROLD HITCH				NONA COVINGTON							
19a. INFORMANT'S NAME (Type/Print) EMMA BATLEY			th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
20a. METHOD OF DISPOSITION		838 PIMLICO RD. BALT. MD. 21215 ND DATE OF DISPOSITION (Name of page 1 20c. LOCATION — City or Town, State									
Surfiel 2 Cremetion 3 Removal from State Correlative Property Countries State Constitution 5 Other (Specify)											C
21. SIGNATURE OF FUNERAL SERVICE LICENSEE H Wheth E. Witter 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOME 21.216 2501 GWYNNS FALLS PKWAY BAL											
disease or condition resulting in death) s.	•			PHILLIAR		OSSIBLY	1944	AEMI	manual 36	1	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST											
PART II. Other significant conditions	contributing to de	esth but not	resulting	in the unde	rlying ceuse give	PERFO	PERFORMED? AMA		VERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	ro	
										YES ON	0
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF DEATH	(Check only	one)				
1 YES 2 NO	Impatient 2 - E		7	4 - Nursing	Nome 5 - Reside	-					
27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day.	Year)		JURY M	c. INJURY AT WORK? I YES 2 NO	-	PEȘCRIBE NOW	INJURY OCC	CURED		
3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF I building, etc	ome, farm,	street, factory	, office		OCATION (Street ity or Town, State)		or Rural Rou	ite Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CONTROL ON MEDICAL EXAMINER										nd menner ee st	atec
296. SIGNATURE AND TITLE OF CERTIFIER	SURLIN	con n	きつい	74	29c. LICENSE	NUMBER		29d. DATE	SIGNED (A	Aprith, Day, Year)	
DR. R. NADARAJAH DEPT. OF SURGERRY, JOHNS HOPKING HOSPITAL, BALTIMORE.											
31. DATE FILED (Month, Day, Year) 8 AUG 1-9 1993											-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

blh FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 24125

	nedio Inan		CERT	IFICATE	- UF	DEATH		HEG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	EDWIN DARCELL BROWN							08 09 1993 2238 M					
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last birthd	ay) IF UNDER	1 YEAR	IF UNDER 24 H	R 24 HRS. 7. DATE OF		OF BIRTH 8.		BIRTHPLACE (State or Foreign			
	218-86-7907	1X M 2 F	19 YR	S. MONTHS	DAYS	HOURS MI	N. (Mo	nth, Day, Year)	74	Country			
	9s. FACILITY NAME (If not institution, give street and number)			Oh CITY	TOWAL	D I CONTION O		19			LT. MD.		
œ					96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH								
DIRECTOR	7200 blk. Clar	В	Baltimore										
2	10a. STATE 10b. COUNTY	CITY, TOWN (OR LOCAL	TION					10d. INSIDE CITY				
E	MD.	BALTI					LIMITS?						
	10e. STREET AND NUMBER	DADIL							1 X YES 2 □ NO				
¥	5 ALBESS CT.		10f. ZIP CODE 21133				10g. CITIZEN OF WHAT COUNTRY?						
9									Α.				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO				WAS DEC	ENDENT OF HIS	SPANIC ORIG	NC ORIGIN? (Specify Yes or No — 14.			RACE — American Indian, Black, Whits, stc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Specif	y:				
	3 Wildings Chronos										BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN	of work done	CCUPATIO	ON ast of working	10	Sb. KIND OF BU	USTRY				
ш	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NO												
<u>a</u>	11 YRS.			CASHIER				K MART					
0	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA									
	EDWIN BROWN					DIA	ANE	PHILL	IPS				
B	19s. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	S (Street a	and Number or R	ural Boute Nu	mher City or Tru	un State Zin	Codel			
2	DIANE A. HUNT	ER	57	ALBES	SC	T. AP	r. 10	3 BAL	T. M	D. 2	21133		
	AC- METHOD OF DISPOSITION	7	1								and the second		
	20e, METHOD OF DISPOSITION 1 № Burisl 2 □ Cremetton 3 □ Reme	ovel from State	206. PLACE AND DA				1	93 B	CATION —				
	4 Donatton 5 Dither (Specify)	+	WOODLAV							MD.	•		
	21. SIGNATURE OF FUNEBAL SERVICE LIC	ENGE	1.	22.	NAME A	P. ESS O	JNERA	L HOM	ES		21216		
	Manut H.	18my	W.							Y B	ALT. MD.		
	23. PART i. Enter the diseases, or o	A CONTRACTOR OF THE PARTY OF TH	Fausard the death F								Approximata		
	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):												
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury												
1	that initiated events resulting in death) LAST												
ER	Tosulting III deathly EAST	d											
0	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE.									WERE AUTOPSY FINDINGS			
3	The second of th					PERFO			ORMED? AMILABLE P		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	1 XYES 2 □ NO									OF DEATH?			
M	1 YES 2 □ NO									1 YES 2 NO			
ä													
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTABLE OF DEATH (Check only one)												
S	1 X YES 2 NO NO NO NO NO NO NO NO									e			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF		TIME OF	28c. IN.	URY AT	28d. D	EȘCRIBE HOW	INJURY OCC	CURED			
BYF	1 Netural 5 Pending	5 Pending 00 00 1002 225							Subject shot				
	3 Suicide 28e. PLACE OF INJURY — At home, farm, st				tory, offic	8	281. LC	281, LOCATION (Street and Number or Bural Bouts Number.					
	Homicide determined determined									0			
<u> </u>	on street 17200 Clarkdavis Court												
COMPLETED	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.												
ō	2XXMEDICAL EXAMINER: On the besis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
w	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							SER 29d. DATE SIGNED (Mor			(Month, Day, Year)		
00	I amon whe mo					O.C.M.E.			08 10 1993				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 27)	Type, Print)	_	0.0.	erre Lie			0 11	1770		
	TAA Poul Serie A. A												
										ד תור ורי וא מי			
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAI			St	reet,	Balt	imore	, ма	ry.La	and 21201		



FOR STATE

	REGISTRAR		CERTIF	ICAT	E OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS J. BAUER										3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 110-18-7776	1 🔀 M 2 🗆 F	GE (In yrs. lest birthday) 65 YRS.	IF UND	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	Dey, Year)	7	Count	IPLACE (State or Foreign 7) OKTYN, N.Y.		
DIRECTOR	9a. FACILITY NAME (If not institution, give s 304 Penn. Rd.					n or location of DEATH dena			9c. COUNTY OF DEATH Anne Arundel				
E E	10a. STATE 10b. COUNTY	RESIDENCE OF DECEDENT 100 STATE 100 COUNTY											
L DIR		ne Arundel Pasadena							10d. INSIDE CITY LIMITS? 1 YES 2 NO				
D BY FUNERAL	304 Penn Rd.		101. ZIP CODE 21122					U:	SA	VHAT COUNTRY?			
	1 Never Married 2 Married 3 Wildowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES WII	2 NO If yes, spec			ENDENT OF NISPANIC ORIGIN? (Specify Yes ecity Cuben, Mexican, Puerto Rican, etc.) 2 [X NO Specify:			14. RACE — American Indian, Black, White, atc. Specify: White				
	15. DECEDENT'S EDUC (Specify only highest grade	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY							
COMPLETE	Elementary/Secondary (0-12)		(Give kind of work done during most of working life. Do NOT use retired.) Environmental Protection State Of M						d.				
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, M	iddle, Malden	Sumame)				
B	Joseph Louis Ba	19b. MAIL INC	Grace DeSimone AlLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	Donna L. Bauer		1			. Pasade				Code)			
	20a. METNOD OF DISPOSITION		20b. PLACE AND DATE					_					
	4 Donatton 5 Other (Specify) Bal_T1MOre				ational Cem 8/19/93 Baltimore, Md.						e,Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STALLINGS FUNERAL HOM 3111 Mountain Rd. Pasadena, Md. 21122								L HOME P.A.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, abock, or heert feliure. List only one ceues of sech line.												
	abock, or heert fellure. List only one ceuee of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. MUTUS TUTE Lung Cancer 6 Months												
_	DUE TO (OR AS A CONSEQUENCE OF):												
AIG	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
	d												
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THO								24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
TISICIAN: ME	1 U YES 2 NO												
₹	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)												
ਨੂੰ 	EXAMINER?	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Name 5 Masidence 8 Other (Specify)											
=	27. MANNER OF DEATN	28a. DATE OF INJUF (Month, Day, Yea	TY 28b. TIM	E OF	OF 28c, INJURY AT			28d. DESCRIBE HOW INJURY OCCURED					
	1 Natural 5 Pending 2 Accident Investigation		INJURY WOR 1 YE			RK? YES 2 NO							
2 2	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, term, str building, atc. (Specify)				et, factory, office 28t. LOCATION (Street City or Town, State				and Number or Rural Route Number,				
MPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the place of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
THE HUMBERT AND THE ORIGINATION									time, data and placa, and dua to the cause(s) and manner as stated.				
K	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE			ER 29d. DATE SIGNED (Mighth,			(Mothth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	HIS COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							174				
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	((1	000	1000	1	12. //					
_/ [8]	MUIT I Y IVIU (AMARA Jinsula.	A BOARDA										

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle,	Lest)							2. DATE OF D	EATH DAY	WELG	3. TIME OF DEATH
	ORAL	L.		E	BELO	NE			0 8		993	10:20 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BI	RTH Worl	8. BIRT Coun	HPLACE (State or Foreign
	269-83-1533	1 🕅 M 2 🗆 F	33	YRS.	MORTHS	DAYS	HOURS	MIN.	(Marith, Bay	-60		Jamaica
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	АТН	9c.	COUNTY OF	DEATH
DIRECTOR	SINAI HOSPI				BA	LTI	MORE	2		-		
5	RESIDENCE OF DECEDEN	OUNTY		100 CIT	Y, TOWN C	D 1 001	TION					
	Md	DONTY		-	alto	JR LOGA	TION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			100	1110	1	f, ZIP COO	_		1.0		1 🖾 YES 2 🗌 NO
FUNERAL	Teal to See Leave	1 0' 1				100				109.	CITIZEN OF	WHAT COUNTRY?
2	2516 Edgeco	mbe Circle 12. WAS DECEDEN	T EVED IN ITE	01450	140.5	*** 0 05	212		IIC ORIGIN? (Sp		Canad	E — American Indian.
ᆲ	1 Never Married 2 Married	CODODO .	YES 2			If yes, o	ecify Cubi	ın, Mexica	n, Puerto Rican,		Ble	ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, OIVE Y	WAR OR DATES			I [] YES	2 XNO	Specify	<i>f</i> :		Spe	Black
3	15. DECEDENT'S			DECEDENT'S					16b, KINE	OF BUSINESS	S/INDUSTRY	
ij.	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	-	(Give kind of He. Do NOT u	work done (se retired.)	during m	ost of worki	ng	100			
린	10th											
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)					18. MOT	HER'S NA	ME (First, Middle	, Maiden Sumar	ne)	
ш	Viyian Belo	one					1	Jean		Girrod		
10 B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS	(Street	and Numbe	r or Rural F	Route Number, Ci	ity or Town, State	e, Zip Code)	
-	Carol Walla	ace		6634	Glen	oar	Ct.	Tows	on, Md	. 21234	1	
	20a. METHOD OF DISPOSITION 1 → Burial 2 □ Cremation 3 □	Removal from State		EAND DATE		ITION /N	ame of		DATE	20c. LOCATIO	N — City or 1	Town, Stata
	4 Donation 5 Other (Specify,)		tern		ar	Ceme	tery	8/19/	3 Cato	nsvil	le, Md
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSES	1)		22.	NAME A	NO ADDRE	SS OF FA	CILITY			
	Rroma	2. (1.	drom	SIT	N di	larc	h F/1	H- We	est 430	00 Waba	sh Av	e
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONS		n (d	DA	hd	Ome	en		Hours
_	DART II Out - I - III-		MILE AND DE									
DICAL	PART II. Other aignificent con-	ditional contributing to	death but no	t resulting	in the un	derlyin	g ceuse	given in	Part I. 24a.	WAS AN AUTOI PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
				-					1X	XES 2 N	0	OF DEATH?
S 11									- 4.7		-	XXYES 2 NO
PHYSICIAN:	or was said personen to wrow	T										
3	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	-Co		OTHER		LACE OF D	EATH (Ch	eck only one)			
2	1 NO 27. MANNER OF DEATH	1 Inpetient 2				_		esidence	6 Other (Spe	,,		
	1 Natural 5 Pending	26a. DATE OF (Month, D	lay, Year)		JURY	W	JURY AT	Et un	-77	E HOW INJURY		
6	2 Accident Invastiga	28a PLACE C	3/1993 F INJURY — ALI		10AN	1 🗆	71.	Хио		ECT S		0
3	3 Suicide 8 Could n	building,	etc. (Specify)					DOT	City or Tow			
	29a. CERTIFIER		ING LO	10				RCLI		TIMOR		11
COMPLEIED	(Check only	PHYSICIAN: To the bast of a MINER: On the basia of a										(a) and manner as stated.
H 1	29b. SKIMATURE AND TITLE OF CER	milen	1	M			1000	ENSE NUA	M.E.	29d.		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	, Print)			0.0.	AT . In .		0.0	1201200
	JOHN SMIALER	M.D.	111	Pen	n St	ree	et,	Balt	timore	, Mar	ylan	d 21201
5	AUG 1 9 19	193 Julia	AS SIGNATURE	Pande	-							

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urs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2	울호
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last, ROS F.		C		BAR		DEATH	2. DATE (REG. NO.	, Y	YEAR	3. TIME OF DEATH
		I a and						08	13	199	3	9:59 A
	4. SOCIAL SECURITY NUMBER 212-03-27	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)		Country	PLACE (State or Foreign YLAND
HC.		CHITY NAME (If not institution, give street and number) 18 S. DECKER AVE. 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY.										
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 10b. COUN MARYLAND	TY				OR LOCA					Ī	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 618 S. DECKER	A VALENTI LIE	77	- 1			I. ZIP CODE					HAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 X		13.	If yes, sp	21224 CENDENT OF NISPA ecity Cuben, Mexic 2 X NO Spec	en, Puerto R				— American Indian, , white, etc.
COMPLETED	1s, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		·) (C	ECEDENT'S Give kind of ve e. Do NOT us IEMAK	work done se retired.)	during me	ON est of working	16b.	KIND OF BUS	BINESS/IND		IIE
E COM	17. FATNER'S NAME (First, Middle, Last) WILLIAM WOODS	3					18. MOTNER'S N	AME (First, M		Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) MR. JOHN BARNES	3					nd Number or Rural				,	1224
	MR. JOHN BARNES 618 S. DECKER AVENUE BALTO. MD. 21224 234 METNOD OF DISPOSITION 125 Burlel 2 Cremellon 3 Removal from State 14 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Control of Party Cremelocus of other place) 100 PLACE AND MEM. PK. 8-17 BALTO. CO. MD.											
	(5)	NA	/	1.	KÅ	NAME A	ROWSKI	8-17	RAL	HOME	CO.	
	21 PART 1 Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ATH	on aech lin	e.	not ante	1 D	UNDALK	FUNE AVEN	RAL I	HOME ALTO	. MI	D. 21222 Approximeta Interval Betwee
TIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. ATVA DUE TO b. DUE TO c.	mosu.	EOUENCE O	TIC F):	1 D	UNDALK	FUNE AVEN	RAL I	HOME ALTO	. MI	D. 21222 Approximeta Interval Betwee
EDICAL CEF	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO C. DUE TO d.	OR AS A CONSE	EOUENCE OF	TILEFI:	1 D	UNDALK ide of dying, su	ACHITY FUNE AVEN ch as card	RAL I	HOME ALTO retory err LDUS AUTOPSY MED?	. MI	D. 21222 Approximeta Interval Betwee Onset and De WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: MEDICAL CEF	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	b. DUE TO C. DUE TO d.	OR AS A CONSE	EOUENCE OF	TILEFI:	1 D	UNDALK ide of dying, su	ACILITY FUNE AVEN ch as cardi	RAL DE BAR OF TEST OF THE PROPERTY OF THE PROP	HOME ALTO retory err LDUS AUTOPSY MED?	. MI	D. 21222 Approximeta Interval Betwee Onset and De WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE
YSICIAN: MEDICAL CEF	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of the conditions of the cause of the	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2	OR AS A CONSE	EQUENCE OF	FI:	1 D r the mo	UNDALK Ide of dying, sur POLOV g cause given in	ACILITY FUNE AVEN ch as cardi	RAL IUE BARC OF respiratory	HOME ALTO retory err LDUS AUTOPSY MED?	. MI	D. 21222 Approximeta Interval Betwee Onset and De WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CEF	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of the conditions of the cause of the	a. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Oulpetlent:	EQUENCE OF	FI: OTHE 4 Nu	nderlyIn	UNDALK Ide of dying, sur POLOV g cause given in	ACILITY FUNE AVEN ch as cardi	RAL IUE BARC OF respiratory	AUTOPSY MED?	MI est,	D. 21222 Approximeta Interval Betwee Onset and De WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CEF	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O	OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Oulpetlent:	EOUENCE OF	OTHE U	nderlyIn	UNDALK Ide of dying, sur PDIOV g cause given in LACE OF DEATH (C) TO S Residence SURRY AT PKS 2 NO	ACILITY FUNE AVEN Ch as cardi AS CL Part I. Check only one 6 Other 28d, DES(RAL IUE BARC OF respiratory of the second se	AUTOPSY MED?	24b.	D. 21222 Approximeta Interval Betwee Onset and De Onset a

39. NAME AND ADDRESS OF PER

MD W DM D

31. DATE FILED (Morith, Day, Year) ON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

A. LORFU W 111 Pen Street. Baltimore.

AUG 9

gulia Davidson

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
0	1. DECEDENT:S NAME (First, Middle, Last)	Sell		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	250-60-5147	SEX 8. AGE (In yrs. last birthday) M 2 F YRS.	MONTHS DAYS HOURS MIN.	5-22-08	BIRTHPLACE (Stra or Foreign Country)
СТОВ	9a. FACILITY NAME (If not institution, give street RESIDENCE OF DECEDENT	teen N.W.	96. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNT	Y OF DEATH
DIRE	10a. STATE 10b. COUNTY	10c. Cl	5AITIMOVE		10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	543 N. Pull	ASK! ST. R. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE 2/2 13. WAS DECEMBENT OF HISPA	23 4	EN OF WHAT COUNTRY?
BY	1 Ng/or Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 THO	If yes, specify Cuban, Mexico 1 YES 2 NO Specify NO Specify	an, Puerto Rican, etc.)	Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Give kind of	S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BUSINESS/INDUS	STRY
	17. FATHER'S NAME (First, Middle, Lest)	T.	18. MOTHER'S N	AME (First, Middle, Maiden Surname)	. +
) BE	19a. INFORMANT'S NAME (Type/Print)	79/070 196. MAILIN	G ADDRESS (Street and Number or Rural	Route Number, City of Town, State, Zip C	10/0W
5	200. METHOD OF DISPOSITION	· Bell 543	N. HUNASKI	St. BAllim	oreMd21216
	1 Buriel 2 Cremation 3 Removel 4 Donation 5 Other (Specify)	1 from State 20b. Ph ACE AND DATE complying or halory of	of DISPOSITION (Name of the place)	20c. LOCATION — CH	ty or Town State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE / /	22/NAME AND ADDRESS OF ST	USS FUNER	AlHome
Н	23. PARCY I. Enter the diseases, or com	onlications that caused the death. Do	2222 W. N	lorTh Ave, S	7/10 Md21216
	shock, or heart feliure. List IMMEDIATE CAUSE (Final	t only one cause on each fine.	not enter the mode or dying, suc	on an cardiac or respiratory erres	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE O	Ø		
N	Sequentially list conditions, b. –	<i>V.</i>			
CATIO	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	OF):		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	DF):		
	PART II. Other significant conditions c	contributing to death but not requiting	in the underlying course sizes in	Part i. 24s. WAS AN AUTOPSY	
DICAL			in the discerning cause given in	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC				— I	1 TES 2 NO
CIAN		OSPITAL:	26. PLACE OF DEATH (C)	neck only one)	
HYS	1 VES 2 NO 1 (□ Inpetient 2 □ ER/Outpetient 3 □ DOA 28e. DATE OF INJURY 28b. Till	WE OF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCU	RED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 home, farm, building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rurel Route Number,
COMPLETED		N: To the best of my knowledge, death occur on the basis of examination and/or investigati			
TO BE C	296. SIGNATURE AND TITLE OF REPUBLIE	mo	29c. LICENSE NU	MBER 29d. DATE 5	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO		e. Print)	storm #	361
9	31. DATE FILED (Month, Day, Year) AUG 1 9 1993	32. REGISTRAR'S SIGNATURE Julia Davidson Rand	200		

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 8 13 Margaret Canty 12:07am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3 - 14 - 08 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F DAYS HOURS 214-18-7947 85 YRS S CAROLINA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE MD RESIDENCE OF DECEDENT 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
X LIMITS?
1 YES 2 NO BALTIMORE permit. MD FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 3015 HARLEM AVE 21216 U,S.A. within 24 hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC 12 PRIVATE FAMILIES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F BE GUY OLIVER HARRIETT STUKES notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JACOB CANTY 3015 HARLEM AVE. BALTIMORE, MD. 21216 pe 20s. METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, cremetory or other MD NAT MEM. PK. Donation 5 Other (Specify) 8-17-93 LAUREL MD. 21. BIGNATURE OF FUNERAL BERVICE-LIC examiner 22. NAME AND ADDRESS OF FACILITY
NUTTER FUNERAL HOMES BALT. MD. EN GWYNNS FALLS PKWAY 2501 21216 n and completely filled in by the to bunal, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart feilure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Perphera event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be is been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING he CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any cel 1 TYES 2 T NO shows a 1 TES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate h 26. PLACE OF DEATH (Check only one) HOSPITAL 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 NO After 1 death 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 Is 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / COMPLETED 4 Homicide tem 29a. CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL (Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3912 8 3 9 ESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type. 31. DATE FILED (Month, I

32 REGISTRAR'S SIGNATURE Julia Davidson

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(1	No. No.		10	
•	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending pre-	: the funeral director, page 5 should be detached for use as the burna-tri loval.	al examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and approximately approxi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnent of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUXBLOIM, MIDION OFFICIAL

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR CERTIFICATE OF DEATH REG, NO.
	1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1
TOR	90. FACILITY NAME (II not institution, give street and number) 40. COUNTY OF DEATH 40. COUNTY OF DEATH 40. COUNTY OF DEATH 40. COUNTY OF DEATH 40. COUNTY OF DEATH 40. COUNTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITET? 1 DES 2 □ NO
FUNERAL	3917 Hillen Rd. 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? 21215 USA
BY	11. MARHTAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 Morried 13. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 14. RACE — American Indian, Black, White, stc. 15. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 16. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 17. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 18. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.)
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Size find of work done during most of working life. On NPT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
	17. FATHER'S NAME (First, Middle, Last) Taylor Garon Crsco Taylor Garon Crsco Taylor Garon Crsco
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Pural Poure Number, City or Town, State, Zig Code) 202 W, Lo Cust St. At 1105 Blooming tan Ill, 6/701
,	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)
	22. NAMENNO ADDRESS OF FACILITY The Dernite C. Tues Fith 4611 Perk (feight the Bester) Md. 2/215
	23. PART I. Enter the diseases, or complications the caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ehock, or haert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Respiratory arrest, large line and Death onset and Death out to out the cause of the c
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Massive Pulmonary Embolism — S/P DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Abd. Pain — Vanyimy
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mospital: 1 Mospital
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY 26b. TIME OF INJURY AT WORK? 1 YES 2 NO
	3 Sulcide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated.
10 BE	296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Del. Your) 8 18 9 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Hafez Treset LMC 2600 liberty Heights Are Balt 21215
	AUG 1 9 1993 Silia Savidson Bandone

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physicia	uneral director, page 5 should be detached for use as the burial-tr
	nours after de	ed in by the fa
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the detache TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAI REGISTRAR		RTMENT OF H			ENTAL HYGIEN	E	0 24102
		Colema Lma	an			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	93	YEAR 3. TIME OF DEATH
	214-68-4048	yrs. lest birthdey) 4 YRS.	MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Morth, Day, Year) 3/1/195	9	BALTO . , MD
TOR	9e. FACILITY NAME (If not institution, give street and numbers) UNIVERSITY HOSPITAL RESIDENCE OF DECEDENT		BAL	r LOCATIO		TN .	9c. COUNT	Y OF DEATN
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1	BALTIMO1	. ZIP CODE			10g. CITIZE	12 YES 2 NO
FUNERAL	849 REINHARDT AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	212		ORIGIN? (Specify Yea		USA 6. RACE — American Indian.
B	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	ecify Cuban 2 NO	, Maxican,	Puarto Rican, etc.)	W W =	Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	6a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during mouse retired.)	ON est of working		16b. KIND OF BUS	SINESS/INOUS	BTRY
SOM	17. FATNER'S NAME (First, Middle, Last)			18. MOTH	ER'S NAME	(First, Middle, Maiden	Surname)	
H	PAUL COLEMAN 19e. INFORMANT'S NAME (Type/Print)	405 MAILIN	D ADDRESS (C)		ENIE			
2	GENIER COLEMAN		WHEAT			E BALT		ADU. IUI
	Maint 2 Committee Committee	ery, cremetory or	OF DISPOSITION (Na		DIZ			ry or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/	22, NAME A	ND ADDRES	S OF FACIL	JTY		, MARYLAND
_	Feroy O. M.	WI	4600	LIBI	ERTY	HEIGHTS	SAVE	ERAL HOME NUE 21207
	immediate Cause (Final disease or complications that caused to abook, or heart failure. List only one cause on ead immediate Cause (Final disease or condition resulting in death)	hjline.	hock	de of dyin	g, such a	na cardlec or respi	ratory arres	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
SERI	resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but	not resulting	in the underlying	g cause gi	ven in Pa	24s. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	HOSPITAL:		26. PL	ACE OF DE	ATH (Check	only one)		
HYS	27 MASSED OF DEATH / 2Na. DATE OF INJURY	28b. TIN		URY AT		Other (Specify) 8d. DESCRIBE HOW IN	JURY OCCUP	RED
ВУ	5 Pending (Month, Day, Year)		M 1 1	RK? (ES 2 [NO			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offic		21	81. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: On the basis of axamination as							
BEC	210 BIGHATURE AND TITLE OF CERTIFIER			29c. LICEN	ISE NUMBE	R	29d. DATE 9	IGNED (Month, Day, Year)
٩	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	ı, Print)	DY	130	0	8/	14193
	31. DATE FLED GOOD! DOO'D'S JURE THE SHOOT	med	-,2	25	. 60	eine St	, Bu	1 21201
3	AUG 1 9 1993 gulaturilla Aug	NO.						

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UNK 93-185

1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		-1100
1. DECEDENT'S NAME (First, Middle, Lest) ARTHUR	H. CLARK,	JR.		2. DATE OF DEATH DAY	1993	3:00A
4. SOCIAL SECURITY NUMBER		MONE	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-07-1972	Country)	ACE (State or Foreign
212-84-1098 9a. FACILITY NAME (If not institution, give	1 № 2 □ F 21	YRS.				ryland
PATNT BRANCH I		96.	COLLEGE PARK		PRINCE	GEORGES
	timore City	toc. CITY, TO	MN OR LOCATION Baltimor		Х	Od. INSIDE CITY LIMITS? YES 2 ND
	more Street		101. ZIP CODE 21223	16	U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2/ NO Speci	an, Puerto Rican, etc.)	Black, V Specify:	- American Indian, White, etc.
15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)	CATION 10 completed) Cotlege (1-4 or 5+) 2	Sa. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti-	lone during most of working ed.)	166. KIND OF BUSINE		M.H
17. FATHER'S NAME (First, Middle, Last) Arthur H. C	lark			AME (First, Middle, Meiden Surr netta Willia		
19a. INFORMANT'S NAME (Type/Print) Mrs. Johnetta Cl.	ark		RESS (Street and Number or Flural 7. Baltimore S			21223
20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Rem	20b	White Roc		OATE 20c. LOCAT		, Stata
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		MHSVILLE	22. NAME AND ADDRESS OF F		sville,	MID
· Brian	S. Haig	At	HAIGHT FUNE Sykesville.	TRAL HOME (P. MD 21784 (4	110)-795-	
23. PART I. Enter the diseases, Dr shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	stiple	nter the mode of dyling, sur		ory srrest,	Approximate Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A CO					
PART II. Other significant condition	ns contributing to deeth but	not resulting in th	e underlying ceuse given in	Part I. 24a. WAS AN AUTPERFORMED	NO O	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 \(\sqrt{N} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEATH (C			
1 XYES 2 NO	1 Inpatient 2 ER/Outpatk	ent 3 DOA 4 D	Nursing Home 5 - Residence			
1 Natural 5 Pending 2 Accident Investigation	08/17/93	26b. TIME OF INJURY 1:012		DRIVER II	NPACT.	FIXED
Suicide 6 Could not be 4 Homicide determined	PAINT BR			281, LOCATION (Street and City or Yown, State) PRINCE G:		COUNTY.
	ICIAN: To the bast of my knowled					nd manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE		10	29c. LICENSE NU O . C . I		08/17/	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH			imore. Mar	vland	21201

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

31. DAYE PICED (Month, Day, Year)
AUG 1 9 1993

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Pages 1, 2, 3 should

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the attending physician and completely filled in by the funeral director, page 5 should be detached for in Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8 CR C/EA 3 М 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Month, Day, Year) --18-07 215-22-7507 86 1 M 2 F **HOURS** Maryland YRS. 9e. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Hospital E1kton Marford RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 731 Edgewood St. 21229 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea. apecify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES ВҰ Specify: Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Charles Kimball Mazie Smothers BE 19a. INFORMANT'S NAME (Typo/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gwendolyn Bruce 21229 3913 Colborne Rd. Balto. Md. 20a. METHOD OF DISPOSITION

1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Mem. Park 8-20 Arbutus Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Douglass Funeral Service ou 1701 McCulloh 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death Myocardeal Infarction disease or condition resulting in death) CERTIFICATION Sequentially list conditions. TO (OR AS A CONSEQUENCE OF): if any, leading to immediate relio-Resporation cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? enkemio 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural
Accident Month, Day, Year) 5 Pending investigation 1 YES 2 NO ВУ 28e. PLACE OF INJURY — At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) heliclus D23322 16193 8 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

10 31. DATE FILEO (MOTE)

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32. REGISTRAR'S SIGNATURE
Fisher Davidson - Randelle

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,		DAVIS	TOATE C	DEATT		REG. N		YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-505066 90, FACILITY NAME (If not institution, give	5. SEX 8. A	AGE (In yrs. last birthday, YRS.	MONTHS DAY		IN. 3 (Mon	E OF BIRTH	17	BIRTHPLACE (State or Fordign Country) N . C .
10e. STATE 10b. COUNT	TY	10c. CI	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO
10e. STREET AND NUMBER N 11. MARITAL STATUS	PUAS L	ZER IN U.S. ARMED	13, WAS	101. ZIP CODE 2/2 DECENDENT OF H	23	N? (Specify)	0	A. RACE — American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S ED	FORCES? 1 1 1 1 IF YES, GIVE WAR O	OR DATES	If yes	, specify Cuben, N YES 2 ⊠ NO S	exicen, Puerto pecify:	Ricen, etc.)		4. RACE — American Indian, Black, Whita, atc. Specify: FroAmerican
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	work done during use retired.) Welder	most of working		Stee	1	3111
17. FATHER'S NAME (First, Middle, Lest) William Henry	y Davis			Ro	s name (First, Sa	Per	ry	
Janis I. Da	avis	196. MAILIN 32	4 N. P	ulaski	St.	Balt	own, State, Zip C	i. 21223
20s. METHOD OF DISPOSITION 11 Buriel 2 Cremetion 3 Res	A	20b. PLACE AND DATE	E OF DISPOSITION	(Name of	DA			ly or Town, State
4 Donation 5 Other (Specify)	movel from State	King Me	morial	Park	18/	23 B	alto.	. Md.
4 Donetion 5 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cking Me	Jam	es A.	Morto	n & :		EL PAGE
21. SIGNATURE OF FUNERAL SERVICE L	complications that can be caused.	used the death. Do on each line.	22. NAM Jam 170 not enter the	e AND ADDRESS OF A. I Laur mode of dying,	Morto ens S	n & St. B	Sons alto.	, Md. 21217
21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Errier the diseases, or ahock, or heart feiture immediate CAUSE (Final disease or condition 4	a. Entry C. DUE TO (OR) DUE TO (OR)	used the death. Do on each line.	22. NAM Jam 170 not enter the	e AND ADDRESS OF A. I Laur mode of dying,	Morto ens S	n & St. B	Sons alto.	, Md. 21217 at, Approximate Interval Betwo
23. PART I. Erfer the diseases, or abock, or heart feliure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Infiliated events	a. Entry of Due to (on Due to (on d. Due to	used the death. Do on each line. CCCA E AS A CONSEQUENCE OF AS A CONS	22. NAMI Jam 170 not enter the Cocov (OF):	AND ADDRESS OF A. I Laur mode of dying,	Morto ens S	on & St. Bodiec or res	Sons alto. piratory arrea an Autopsy onmed?	Md. 21217 Approximate Interval Betw Onset and Da Cours MALABLE PRIOR TO
23. PART I. Enter the diseases, or abock, or heart feliure immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Entry of Due to (on Due to (on d. Due to	used the death. Do on each line. CCAL AS A CONSEQUENCE OF AS A C	22. NAMI Jam 170 not enter the 2000 orp: OF): OF): OTHER:	AND ADDRESS OF A. I Laur mode of dying,	MOTTO ens S such as car n in Part i.	on & St. Bordiec or res	Sons alto. piratory arrea an Autopsy onmed?	Md. 21217 Approximate Interval Betwoonset and Da Cours The Course of Cours
23. PART I. Enter the diseases, or ahock, or heart feliure (MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR DUE TO (OR	used the death. Do on each line. CCCA Ex- AS A CONSEQUENCE of AS A CONSEQUENCE of ath but not resulting weller & Courtestent 3 DOA URY 28b. Ti	22. NAMI Jam 170 not enter the 2000 cov (00F): OF): OF): OF): OTHER: 4 Nursing I ME OF LUURY M 1 [AND ADDRESS OF A. I Laur mode of dying, wing cause give PLACE OF DEAT. Home 5 Reside INJURY AT WORK? YES 2 NO	FACILITY MOTTO ENS S such as call in in Part i.	24a. WAS / PERF 1 YES	Sons alto. piratory arrea AN AUTOPSY ORMED? 2 NO	Md. 21217 Approximate Interval Betwoonset and Da Cours 246. WERE AUTOPSY FINDER AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Errier the diseases, or shock, or heart feliume immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in death initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation of the determined determined	DUE TO (OR DUE TO (OR	used the death. Do on each line. CCAL Even AS A CONSEQUENCE of AS A CONSEQUENCE of the but not resulting the culture of the but not resulting the culture of the but not resulting the culture of the but not resulting the culture of the but not resulting the culture of the cu	22. NAMI Jam 170 not enter the 2000 cov (00F): OF): OF): OF): OTHER: 4 Nursing I ME OF LUURY M 1 [AND ADDRESS OF A. I Laur mode of dying, wing cause give PLACE OF DEAT. Home 5 Reside INJURY AT WORK? YES 2 NO	FACILITY MOTTO ENS S Such sa cal	24a. WAS / PERF 1 YES	AN AUTOPSY ORMED? 2 NO	Approximate Interval Betwo Onset and Da Course and Da Cour
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23. PART I. Enter the diseases, or shock, or heart feliume immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant condition in death initiated events resulting in death ini	DUE TO (OR DUE TO (OR	used the death. Do on each line. AS A CONSEQUENCE of AS A CONSEQUENCE of the but not resulting the cule of the but not resulting the cule of the but not resulting the cule of the but not resulting the cule of the but not resulting the cule of the but not resulting the cule of the	22. NAMI Jam 170 not enter the	AND ADDRESS OF A. I Laur mode of dying, ying cause give PLACE OF DEAT HOME 5 Reside HAJURY AT WORK? YES 2 No fiftice Interpretation of the course o	FACILITY MOTTO ENS S such as call in in Part i. I (Check only of the call i due to the call it the time, dat	24a. WAS A PERFIT 1 YES CATION (Street or Town, State CATION (Street or Town, State CATION (Street or Town, State)	Sons alto. piratory arred AN AUTOPSY ORMED? 2 No VINJURY OCCU of and Number or te)	Approximate interval Betwee Onset and Da Gray Mark Approximate interval Betwee Onset and Da Gray Mark Approximate interval Betwee Onset and Da Gray Mark Approximate interval Betwee Onset and Da Gray Mark Approximate Interval Betwee Onset Interval Province Number, Interval Province Number, Interval Province Number, Interval Betwee Onset Interval Province Number, Interval Province Number, Interval Province Number, Interval Province Number, Interval Betwee Onset Interval Betwee Onse

er death. Page 6 may be retained by the hittle funeral director, page 5 should be detaxion;	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage 6 may be retained by the attending physician and completely filled in by the when illinears, that 5 should be detained be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or remneral mental mental the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or remneral mental be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	
ING PHYSICIAN: The law requires that the de After this certificate has been signed by the a leath with the State Dept. of Heath and Ment marked, or Item 23 shows any injury	
TO THE HOSPITAL DR ATTEND TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d IMPORTANT: If Item 28 Is	

31. DATE FILED (Month, Day, Year)
AUG 1 9 1993

								7	J	241	00	
	1 - FOR STATE REGISTRAR	STATE OF		DEPARTME			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEA	ATH	
	Cladys V. Dromp	p	Gladys V	/irginia	Dron	прр	Trout	8 9	73	1:23	AN	
	4. SOCIAL SECURITY NUMBER 212-09-7391	5. SEX	6. AGE (In yrs. les 75	t birthday) IF UNIT YRS, MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) May 28, 1	918	8. BIRTHP Country)	Mary]		
	9e. FACILITY NAME (If not institution, give s			9b. C	ITY, TOWN	OR LOCATION OF D		_	TY OF DE		· arra	
CTOR	Union Memorial H	ospital			Balt	imore C	ity					
DIRECTOR	Maryland 10b. COUNTY	1		10c. CITY, TOW		non Baltimore	e Citv			10d. INSIDE CIT LIMITS? 1 X YES 2		
A.	10e. STREET AND NUMBER					. ZIP CODE	-	10g. CITIZ	EN OF WI	HAT COUNTRY?		
FUNERAL) Alvarac	lo Squar	e		2	21234	Un:	ited	States	5	
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	FORCES?	IT EVER IN U.S. AR I YES 2 X N MAR OR DATES		If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14, RACE Black, Specify	American Ind White, etc.		
	15. DECEDENT'S EDU	CATION	16e. DF	CEDENT'S USUAL	OCCUPATION	OM	16b. KIND OF BU	SINESS (INO.	ICTOV	WILL CO	-	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+) (Gi	ousekee	ne during mo d.)	ost of working	168, KIND OF BU	SINESS/INDU	JSTHY			
NO.	17. FATHER'S NAME (First, Middle, Last)		11	ousekee	pei	IA MOTHER'S NA	ME (First, Middle, Maiden	Sumama)				
BE C	William S	achs				Pe	earl Auld					
2	19a. INFORMANT'S NAME (Type/Print) Carl G. Drompp						Route Number, City or Tow Baltimore		^{Code)} 212	206		
	20s. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Removal from State 4 Donation S Other (Specify) 20b. PLACEAND DATE Of DISPOSITION (Name of cemplery, operatory or other, piece) Parkwood Cemetery 8/21/93 Baltimore Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Milto				ND ADDRESS OF FA	CHITY					
	> milton	I Rain	I M TII		0000	wd 1 D				1. 2121		
	23. PART I. Enter the diseases, or o	omplications the	Caused the de	sth. Do not ent	er the mo	ru J. Ru	ck, Inc.	0305 F	arto	ord Roa		
i	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition											
	resulting in death)	a, Que TO	COR AS A CONSEC	UMON	1919	arre	5+			250	110	
,		Co	Wellin -	L	1.210	-/-				20	duc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	DUENCE OF):	uun .	age				60	73	
8	cause. Enter UNDERLYING CAUSE (Disease or injury	D										
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF):								
5	rosatting in destity 2201	d								-		
I . I	PART II. Other aignificent condition	a contributing to	death but not re	eaulting in the	underlyin	g ceuse given in	Part I. 24s. WAS AN			WERE AUTOPSY		
일	DIC, thu	mlive	estopen	14 C	66	soling	PERFOR			AVAILABLE PRIOF		
: MEDICAL	hemorrhage	e peu	chillest	effer	Hein	J				OF DEATH?	NO	
AN	25. WAS CASE REFERRED TO MEDICAL	V			26. PI	ACE OF DEATH (Ch	eck only one)	-				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 D N	ER:		6 Other (Specify)					
PHYSICIAN:	27, MANNER OF DEATH 1 ↑ Netural 5 Pending	28e. DATE OF (Month, E	INJURY	28b. TIME OF INJURY	28c. INJ WC	URY AT	28d. DESCRIBE HOW I	NJURY OCCI	URED	_		
ВУ	2 Accident Investigation " 1 YES 2 NO							and Number of	or Drawal Do	ute Mumber		
COMPLETED	4 Homicide detarmined	building,	atc. (Specify)		,,		City or Town, State)	THE PROPERTY OF		oro rromoer,		
MPL							to the cause(e) end mai					
CO	2 MEDICAL EXAMINE		xamination and/or i	nvestigation, in m	y opinion, d	leath occured at the	time, date and piece, er	d due to the	cause(e)	end menner se	stated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	BZ	2011			29c. LICENSE NUI	MBER	29d. DATE	DATE SIGNED (Month, Pay, Year)			
2	Coleman .	COMPLETED CALL	RE OW DEATH STEE			15011764	CH-STATICO.		11/3	175		

SE OF DEATH (ITEM 27) (Type, Print)

UNION

EISMAN

32. REGISTRAR'S SIGNATURE

Fulia Davidson-Rondon

MEMORIAL

BALTIMORE, MARYLAND 21203-3146



	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
	1. DECEDENS'S NAME (First, Middle, Last)	1				2. DATE OF DI	DAY	VEAD	. TIME OF DEATH	
	NODERT	D. E	Sposito)		8 -	-18-9	3	6 7m M	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7.10 24	16	8. BIRTHPL Country)	ACE (State or Foreign	
	216-03-0738	1 📉 M 2 🗌 F	77 YRS. M	ONTHS DAYS	HOURS MIN.	08/18	793	Mary	land	
~	9a. FACILITY NAME (If not institution, give st				R LOCATION OF DE	ATH	9c. CO	UNTY OF DEA	тн	
ē	Saint Elizabeth's	s Nursing Ho	me 1	3ä1timo	re					
EC	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	TION			1	0d. INSIDE CITY	
뜸	Maryland Balt	imore							LIMITS?	
7	10e. STREET AND NUMBER	IIIOI G		101	. ZIP CODE		10g. Cf		AT COUNTRY?	
FUNERAL DIRECTOR	1228 Newfield Rd	•			21207		U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPAN			14. RACE -	- American Indian,	
ВУ Б	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ecity Cuban, Mexica 2 X NO Specify		etc.)	Specify: White	White, atc.	
	15. DECEDENT'S EDUC		16a. DECEDENT'S US	HAL OCCUPATION	ON .	16h KIND	OF BUSINESS/III			
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wor life. Do NOT use r	k done during mo etired.)	st of working	TOO. PONE	OF BUSINESS/III	DOSTAT		
COMPLETED	8th.	College (1-4 or 5+)	Pres	sser		Tai	ilor Sho	p		
S S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE C	Ralph Espo	sito			Ch	ristine	e Unkno	wn		
TO B	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
F	Marian Esposi				d Rd. Ba	ltimore	e, Maryl	and 2	1207	
	26a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	num Prom State	other place) Grrison Fe			tory	Baltimo			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		dilison re					ite, ric	aryrana	
	David	A ma	12-		d J. Web Edmonds			, Md.	21229	
	23. PART I. Enter the diseases, or s	omplications that cause lat only one cause on e	d the death. Do not	enter the mo	de of dying, auc	h aa cardiac (or respiratory a	rrest,	Approximate	
	IMMEDIATE CAUSE (Final								Onset and Death	
	disease or condition resulting in death)	CHRONIC	RENAL	6	AILURF					
		DUE TO (OR AS	A CONSEQUENCE OF):			C				
S	disease or condition resulting in death) a. CHRONIC RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): TYPETDIABETED MELCONS QUE TO (OR AS A CONSEQUENCE OF):									
¥	if any, leading to immediata cause. Enter UNDERLYING		any Ar	t- 0	reace				İ	
읪	CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF:						+	
E	resulting in desth) LAST	conge	stive He	ant to	ulun	,				
EDICAL CERTIFICATION	DART II ON a lastificada a Anti-									
X	PART li. Other significant condition	s contributing to death t	out not resulting in	the underlyin	g cause given in	Part i. 24a.	WAS AN AUTOPS' PERFORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
ă						1□	YES 2 NO		OMPLETION OF CAUSE OF DEATH?	
Σ						- 1		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Ch					
4	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	26b. TIME 0		URY AT		E HOW INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUF	Y WC	YES 2 NO	2001000000	211011 1110111 0	COUNCE		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF SHJUR	Y — At home, ferm, stre				(Street and Numb	er or Rural Rou	ute Number,	
COMPLETED	4 Homicide determined	building, etc. (Spe	icity)			City or Tow	vn, State)			
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occurred	at the time, date	end place, and due	to the cause(a)	end manner as a	ated.		
MO		R: On the basic of examination							and manner ee stated.	
Ö	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c, LICENSE NUI	MBER	29d. O/	ATE SIGNEO (A	Worth, Day, Year)	
O BE	Willer	Mun			0301	185	•	8-12	3-93	
٩	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, P	rint)	0301					
C	NILLIAM M. RUS		5320	BEWS	on w	£ 245	T	-2 2	1227	
+ 1	31. DATE FILEO-(MORITH-Day, Year) AUG 1 9 199	32. REGISTRAR'S SIGN	dson-Rando M							
	L AUG 1 9 199	J	ason Hands M	2						

)			ĺ
	by the attentioning physicism and completely filled in the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be and all an arrangement to the programment of the program	n and interior and plants to the control of the con	Injusy, or other usument event, the insulate committee in the notined 31 DRCC.
=	8 4		E 1

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	FITZGER	ALD			2. DATE MONTH	OF DEATH		3. EAR	TIME OF DEATH 230 P M
	316 09 53 96	5. SEX 6. AGE (In y)	yrs. lest birthday) F	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Day, Year)	97	BIRTHPLA Country)	NCE (State or Foreign
TOR	9. FACILITY NAME (If not institution, give st Stella Maris Ho RESIDENCE OF DECEDENT	spice Tows	y Valley 1/2" n 21204	-	WS COL	<i>b</i> md		9c. COUNTY	1.1	Imore
DIRECTOR	100. STATE 10b. COUNTY Maryland		10c, CITY, T	OWN OR LOCAT	Balti	more				d. INSIDE CITY LIMITS? X YES 2 \(\text{\backstack} \) NO
FUNERAL		aker Street		101	zip code 212	15		10g. CITIZEI	U.S.	.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₩ NO	If yes, sp	ecity Cuban, Mexico 2 X NO Specifi	an, Puerto R	? (Specify Yes ican, etc.)	or No- 14	RACE — A Black, WI Specify:	American Indian, hite, etc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work	done during mo tired.)	st of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
at once.	17. FATHER'S NAME (First, Middle, Last)	zaowald	Steel	Worke	18. MOTHER'S NA			,		
TO BE	Joseph Fit 190. INFORMANT'S NAME (Type/Print) Brenda F			olfiel	nd Number or Rural	Route Numb	er, City or Tow	ackson n, Stete, Zip Co Mary 1	ode)	21215
must be	20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Remo	20b. PL	ACEANDDATEOFD	ISPOSITION (Na	me of	8-2	20c. LO	CATION City	or Town,	State
i examiner	22. NAME AND ADDRESS OF FACILITY William C. Brown Community Funeral Home 1206 W. North Ave. Balto. Md.									
event, the medical	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on each	eatic			ch as card	ac or reapi	ratory arrest	,	Approximate Interval Between Onset and Death
or other traumatic	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO								
shows any injury, : MEDICAL CE	PART II. Other eignificant conditions	contributing to death but r	not reaulting in t	ha undariying	g cause givan in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AWA COM OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 M'NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch		- 1			
s marked, or item	27. MANNER OF DEATH 1 M Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpatier 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI WO	e 5 Residence URY AT RK? /ES 2 NO	1.3		NJURY OCCUR	I C &	
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stree	t, factory, office		281. LOCA City o	TION (Street a r Town, State)	and Number or	Rural Route	Number,
COMPLETED		EIAN: To the best of my knowledge t: On the beste of examination and							ause(e) enc	d manner es stated.
IMPORTANT: TO BE CO	290 SGNATURE AND TITLE OF PERTIFIER	letar	lare	0	29c. LICENSE NUI	MBER D8	7	29d. DATE SI	GNED (Mor	rith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO			nt)						
4	31. DATE FILED (MONTA POR GET) 1 9 1	993 Fulia Davi	down-Alande	E.			-			

1 - STATE REGISTRAR	SIAIE OF MANT		ICATE OF		MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle,						AY YEA	3. TIME OF OEATH		
THOMAS 4. SOCIAL SECURITY NUMBER	WILLIA:		FOLK	SR.	08 14	1993	10:45P		
217-28-7524	1 M 2 D F	E (In yrs. last birthday) 63 VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	IRTHPLACE (State or Foreign ountry)		
Be. FACILITY NAME (If not institution.		00	Dh. CITY TOWN	OR LOCATION OF D	6⇔11⇔193	9c. COUNTY	stburg, MD		
	DDLE RIVER	POAD		RIVER	CAIN				
RESIDENCE OF DECEDER		NOAD.	MIDULI	KIVEK		BALT	LMORE		
Maryland	Baltimore		Y, TOWN OR LOCA	Durio	lalk		10d. INSIDE CITY LIMITS? 1 ☐ YES 2XXNO		
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?		
2079 Larkhall	Road				21222	Uni	ted States		
10e. STREET AND NUMBER 2079 Larkhall 11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Divorced	IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: White		
15. OECEDENT' (Specify only highes Elementary/Secondary (0-12) 19th Grade 17. FATNER'S NAME (First, Middle, Li			USUAL OCCUPATION		16b. KIND OF BU	SINESS/INOUSTF			
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT u	se retired.)	or or working		110 01			
12th Grade		Mach	inist				ver Machine		
17. FATNER'S NAME (First, Middle, La					AME (First, Middle, Malden				
Thomas Blane 190, INFORMANT'S NAME (Type/Prin		1			ı Lashbaugh				
Mr. Thomas W.	•				Houte Number, City or Town		*		
200. METHOD OF DISPOSITION		Ob. PLACE AND DATE				CATION — City			
4 Donation 5 Other (Specify					8/93 N	liddle 1	Rivon MD		
21. SIGNATURE OF FUNDRAL SERV		Howey (no	22. NAME A	ND ADDRESS OF F	ACILITY				
Tregor	01/	_			reral Home Dundalk				
shock, of heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent con	ditions contributing to deeth	but not reaulting	In the underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
25. WAS CASE REFERRED TO MEDI			26. P	ACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O	utpatient 3 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 (XOther (Specify) R	OADWAY			
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	E OF 28c. IN.	URY AT	28d. DESCRIBE NOW				
1 Netural 5 Pending 2 Accident Investig	00/14/6		0P" 10		PEDESTR	IAN ST	RUCK/AUTO		
3 Suicide 8 Could r	lot be building, etc. (Si	RY — At home, ferm, becify)	street, factory, offic	•	281. LOCATION (Street City or Town, State,	end Number or Re			
4 Homicide determi	ned	ROADWAY					DLERIVER H		
ema)	PNYSICIAN: To the best of my know. (AMINER: On the basis of examination)				e to the cause(e) end me	nner as stated.	TELLI		
266 SIGNATURE AND TITLE OF CE	RTIFIER			29s. LICENSE NU	MILER	CHURCH SECRECAS	NED (Month, Day, Year)		
Mugara	e youll			O.C.M	.E.	▶ 08/	15/1993		
30. NAME AND ADDRESS OF PERS). 16 RELL 1:	ll Penn		, Balti	more, Ma	ryland	21201		
AUG 1 9 199	32. REGISTRAR'S SH								

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

> DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

The state of the s

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FOR

	1 - REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO	O .		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	3. TIME OF DEATH	
	VALERIE GRANDY	,				AUGUST 18	, 199	3 3:55 P M	
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthde	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	213 54 0767	1 2	4.4 YRS	i	TO HOUNS INTH.	7/15/49		Md.	
~	9e. FACILITY NAME (If not institution, give a				WN DR LOCATION OF	DEATH	9c. COUR	ITY OF DEATH	
0	THE JOHNS HOPKINS	HOSPITAL		BALTI	MORE CITY		BAL	TIMORE	
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. (10c. CITY, TOWN DR LOCATION 10					
6	Md.]]	Baltim	ore			LIMITS?	
AL	10e. STREET AND NUMBER	_			10f. ZIP CODE		10g, CITI	ZEN OF WHAT COUNTRY?	
FUNERAL	7010 Gaymount	r Rd.			21207			USA	
5	11, MARITAL STATUS	12. WAS DECEDENT EVE FDRCES? 1 1		13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y	e or No	14. RACE — American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 KND Spec	ean, Puerto Rican, etc.) #y:	ļ	AfroAmerican	
	15. DECEDENT'S EDU	ICATION	14e DECEDENT	I'S USUAL OCCU	MTION		F		
E I	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind	of work done during		18b. KIND OF BI	JSINESS/IND	USTRY	
립	Contenting y Secondary (0-12)	Conege (1-4 or 5+)	Nurs	es Aid		Heal	th		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide a Single	n Sumame)		
BE (Roosevelt	Grandy							
2	19e. INFORMANT'S NAME (Type/Print)	11	19b. MAILI	NG ADDRESS (Str	eet end Number or Rura	Route Number City or To	wn, Stete, Zip	Code) 1 2 0 7	
-	Uprinia B. Mi	lier							
	20 DETHOD OF DISPOSITION 1 Description	oval from State	Cemetery, Cremetory			8/21 B	alto	City or Town, State Md.	
	21. SIGHATURE OF FUNERAL SERVICE LIC		King I			/		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	James a.	mart	5 -1			10 Pton &		., Md. 21217	
						ens St. B		•	
	23. PART J. Enter the diseeses, or eshock, or heart fellure.	Liet only one cause of	on each line,	o not enter the	mode of dying, su	ch as cardiac or resp	oiratory arm	est, Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	CET	0515					Onsat and Death	
H	reculting in death)		AS A CONSEQUENCE	OF):				Lawys	
z I		UPP	ER GASI	ROTNIES	MNAL BL	EEDING-		2 days	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE	OF):				11 11	
<u> </u>	CHOOL (Disease of Hildry	**	ROKE AS A CONSEQUENCE	200				4 months	
	that initiated events resulting in deeth) LAST			,	IVS LEV	v colu in		U man Ma	
								(MIMM)	
S	PART ii. Other significent condition	is contributing to deal	th but not recuitin	g in the under	ying cause given in	Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
<u>U</u> II		- / C / C / C / C							
ا ۃ						1 TES	2 NO	OF DEATH?	
MED							2 NO		
MED							2 / NO	OF DEATH?	
MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHER:	3. PLACE OF DEATH (C	1 🗆 YES	2 NO	OF DEATH?	
MED	EXAMINER? 1 VES 2 NO	HOSPITAL:		OTHER:	Home 5 Residence	heck only one) 6 Other (Specify)		OF DEATH? 1 □ YES 2 Ø NO	
PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HQSPITAL:	RY 28b. T	OTHER: 4 Nursing	Home 5 Residence	1 U YES		OF DEATH? 1 □ YES 2 Ø NO	
BY PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Propertient 2 ERV 280. DATE OF INJU (Month, Day, Ye) 280. PLACE OF INJ	RY 28b. T	OTHER: 4 Numing	Home 5 Residence INJURY AT WORK? YES 2 NO	1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	OF DEATH? 1 □ YES 2 ☑ NO	
BY PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	HOSPITAL: Month, Dey, Ve.	RY 28b. T	OTHER: 4 Numing	Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (Specify)	INJURY OCC	OF DEATH? 1 □ YES 2 ☑ NO	
BY PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Pinpetient 2 ERA 280. DATE OF INJU (Month, Day, Ye) 280. PLACE OF INJ building, etc. (RY 28b. T	OTHER: 4 Nursing IME OF NJURY M 1 n, streel, factory, or	Home 5 Residence INJURY AT WORK? YES 2 NO	1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCC	OF DEATH? 1 □ YES 2 Ø NO URED Or Rural Route Number,	
BY PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICAL CONTROL OF THE CONTROL OF	HOSPITAL: 1 2 inpetient 2 = ERA 28e. DATE OF INJ (Month, Day, Ye) 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k	RY 28b. T	OTHER: 4 Nursing IME OF NJURY M 1 n, streel, factory, corred at the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office	1 YES 6 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	INJURY OCC	OF DEATH? 1 □ YES 2 Ø NO URED Or Rural Route Number,	
COMPLETED BY PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICAL CONTROL OF THE CONTROL OF	HOSPITAL: 1 Place DATE OF INJU (Month, Day, Ye) 28e. PLACE OF INJ building, etc. (CIAN: To the basis of examin	RY 28b. T	OTHER: 4 Nursing IME OF NJURY M 1 n, streel, factory, corred at the time,	Home 5 Residence INJURY AT WORK? YES 2 NO office	1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and me time, data end place, e	and Number) onner ss state	OF DEATH? 1 YES 2 NO URED or Rural Route Number, id. o cause(e) end manner ee stated.	
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU (Month, Dey. Ye. 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k R: On the basis of examin	RY 28b. T URY — At home, farm Specify) nowledge, death occur setion end/or investigation	OTHER: ME OF NJURY M 1 n, streel, factory, our opinion of the time, without my opinion of	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, end du n, death occured at the	1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and me time, data end place, e	and Number) onner ss state	OF DEATH? 1 □ YES 2 Ø NO URED Or Rural Route Number,	
COMPLETED BY PHYSICIAN: MED	EXAMINER? 1	HOSPITAL: 1 of Inpetient 2 DEPA 28e. DATE OF INJU (Month, Dey. 16. 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k R: On the best of examin	RY 28b. T URY — At home, farm Specify) nowledge, death occur setion end/or investigat DEATH (ITEM 27) (7)	OTHER: ME OF NJURY M 1 n, streel, factory, our opinion of the time, without my opinion open, Print)	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, end du n, death occured at the 29c. LICENSE NU THH L	1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) s to the cause(s) and me time, data end place, e	end Number end Number enner as state nd dus to the	OF DEATH? 1 YES 2 NO URED or Rural Route Number, id. couse(e) end manner ee stated. SIGNED (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU (Month, Dey. Ye. 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k R: On the basis of examin	INY EVERY At home, farm Specify) Nowledge, deeth occu- setion end/or investigat DEATH (ITEM 27) (7), SLD 4, JOHN 3	OTHER: ME OF NJURY M 1 n, streel, factory, our opinion of the time, without my opinion open, Print)	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, end du n, death occured at the 29c. LICENSE NU THH L	1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) s to the cause(s) and me a time, data and place, a	end Number end Number enner as state nd dus to the	OF DEATH? 1 YES 2 NO URED or Rural Route Number, id. couse(e) end manner ee stated. SIGNED (Month, Day, Year)	



FOR

REGISTRAR		CI	ERTIFICA	ATE OF	DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, La	st)			7		2. DATE OF DEATH	H	YEAR	3. TIME OF OEATH		
CECILA GIBSO	1					AUGUST	17	1993	10:05a.m		
4. SOCIAL SECURITY NUMBER 219-76-216	5. SEX	6. AGE (In yrs. lat	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	Nonth, Day, Yea	(r)	8. BIRTHE Country	MACE (State or Foreign		
98. FACILITY NAME (If not institution, gh	ortal	Hā	9b.	Balt	OR LOCATION OF C	DEATH	9c. CO	ONTY OF DE	ATN		
RESIDENCE OF DECEDENT			10c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 5250 St 11 MARITAL STATUS 1 Mayor Marriad 2 Marriad	- Chart	Pes A	e	10	1. ZIP CODE 2/2/5		10g. CI		HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AF		If yes, a		ANIC ORIGIN? (Specify: an, Puerto Rican, etc. fly:		14. RACE Black, Specify	- American Indian, White, atc.		
	DUCATION ade completed) College (1-4 or 5	(G	ECEDENT'S USU live kind of work Do NOT use ret	done during m	ON ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY	Your		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	0: /	''			18. MOTHER'S N	AME (First, Middle, Ma	irian Sumama)				
m GONZIER	Gibson	140	- MAII INO ADD	mene (Over)	Elva	Lee					
Elva Gibs	00	4	5250	5+	Chart.	e Ave	Bal	H) M	1 21215		
28s METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 R Donation 6 Other (Specify)		20b. PLACE, cernetely cre	and DATE OF DI	SPOSITION IN	Park	8/20/93 X	anda	City or Tow	con, red		
21. BIGHATTINE OF FUNERAL SERVICE	LICENSEE .	Romp	sun Ja	Mari	ND ADDRESS OF F	H. Was	tush	A	e)		
23. PAR) I. Enter the diseases, abook, or heart fellur	or complications the ra. List only one cau	t caused tha deuse on each line	eath. Dp not e	nter the mo	ode of dying, au	ch as cardiac or n	eapiratory a	rrest,	Approximate interval Between Onset and Death		
disease or condition resulting in death)	disease or condition										
Sequentially list conditions,	Sequentially list conditions, SEVERE LIVER DISEASE COAGULDPATHY NONTHS										
Cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	cause. Enter UNDERLYING CAUSE (Disease or Injury										
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	_ d										
PART II. Other significant condit		death but not	resulting in th	e undarlyin	g cause given in	PER	S AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ									1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpatient 3		HER:	LACE OF DEATH (C						
27. MANNER OF GEATH	28a. DATE OF (Month, D	INJURY	26b. TIME OF	28c. IN	ORK?	6 Other (Specify) 28d. DESCRIBE NO		CORED			
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE C	OF INJURY At he, etc. (Specify)	ome, term, street			261. LOCATION (Str. City or Town, S	reet and Numbe itate)	er or Rural Ro	oute Number,		
- II i i i i i i i i i i i i i i i i i i	YSICIAN: To the best of								and menner as stated.		
W 296. SIGNATURE AND TITLE OF CERTIF	FIER			171	29c. LICENSE NO	JMBER	29d. DA	TE SIGNED	(Month, Day, Year)		
Rolin 4. Days							Ac	GUST	17,1993		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type, Prin)							
31. DATE FILED (MONTH, Cay, Year) AUG 19											

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.				
			1. DECEDENT'S NAME (First, Middle, Last)	Muss				2. DATE OF MONTH	DEATH DAY	٧	EAR	IME OF DEATH	
			4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	3			3	1 PM	
	P		219-30-8322	1 - M 2 F	8.5 YRS.	MONTHS DAYS		7. DATE OF (Month, D	26-0		Country)	E (State or Foreign MD)	
	3 should	œ	9. FACILITY NAME (If not institution, give s Stellaman			The same of the sa	OR LOCATION OF D	EATH	1	-	OF DEATH	0	
	N .	DIRECTOR	RESIDENCE OF DECEDENT		CE	10w	SON M	2,		130	141	MOLE	
	Pages	IRE	10e. STATE 10b. COUNT	f		Y, TOWN OR LOC	ATION				10d.	INSIDE CITY LIMITS?	
	ermit.		Maryland 100. STREET AND NUMBER		Ba	ltimore	IOI. ZIP CODE		-	On CITIZEN	OF WHAT	YES 2 NO	
	pfrysician. burial-transit permit. Pages 1,	FUNERAL	4601 Belvieu Ave				21207			US		COUNTRY	
21215-0020	g 26	BY	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, s	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specif	in, Puerto Rici		No- 14.	RACE — Al Black, Whi Specify:	merican Indien, te, etc. Black	
215	attend use as	9	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	TION most of working	16b. KI	ND OF BUSIN	ESS/INDUS	TRY	Didek	
21	of for t	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)	nost of Working						
ANG	detache	OMI	12th Grade 17. FATNER'S NAME (First, Middle, Last)		Dom	estic	18. MOTNER'S NA	ME (First Mide	the Mairian Sur	memel			
MARYLAND	retained by the hospital or attend 5 should be detached for use as notified at once.	ш	Robert Hughes					rie He		7761710)			
AAR	5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		1		and Number or Rural			State, Zip Co	de)		
щĨ			Robert Collins 20a. METHOD OF DISPOSITION	I			Avenue	-	imore				
TIMOR	a arer beam. rage b may be by the funeral director, page smoval.		XXBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF THE PROPERTY	of disposition () ther place) Cemeters	Name of	BATE				ryland	
MI Z	funeral direction		21. SIGNATURE OFFUNERAL SERVICE LIC		rar reta		AND ADDRESS OF FA	CILITY Nut	ter Fi	unera	1 Hor	es, Inc.	
BAL	he fune al.		+ Hory L	Rollins		250	l Gwynns	Falls	: Park	way			
	2 - 2 6		23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feiture. List only one cause on each line. Approximate interval Between										
	fille on,		IMMEDIATE CAUSE (Final disease or condition										
30,	completely filled is a cremation, the cremation, the		resulting in deeth)	Metast OUE TO FOR AS A	CONSEQUENCE OF	bre	AST	an	CER	-			
68760,	5 5 m 6	z	D. D. D. D. D. D. D. D. D. D. D. D. D. D								į	ĺ	
вох	ing physician and c rgiene prior to buri other traumatic	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events oue TO (OR AS A CONSEQUENCE OF):										
. 8	ding physician by hygiene prior to other traur	FIC											
P.O.	end H	CERTIFICATION	resulting in death) LAST										
DS,	Me the	- 1	PART II. Other significant condition	s contributing to deeth b	ut not reaulting i	in the underlyic	ng ceuse given in	Part i. 24	a. WAS AN AU	TOPSY	24b WERE	AUTOPSY FINDINGS	
E.	igned by eafth and	EDICAL							PERFORME		AMAIL COMF	ABLE PRIOR TO PLETION OF CAUSE	
() 3		ME							2			YES 2 NO	
_1 3	certificate has been in the State Dept. of H		25. WAS CASE REFERRED TO MEDICAL		<u> </u>								
OF VITAL	State D	SICIAN	EXAMINER?	HOSPITAL:	atlant 2 [] DOS	OTHER:	PLACE OF OEATH (Ch		- //-		1	-	
) F V	this certif with the ked, or	PHY	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	me 5 Aesidence	-	IBE HOW INJU		10 E	·	
	fter this cath with	ВУБ	1 Natural 5 Pending Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO						
DIVISION OF VITA	DIRECTOR; After the hours after death vitem 28 is mark	<u>a</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, s	street, factory, offi	lce		ON (Street and bwn, Stete)	Number or F	Rural Route N	lumber,	
		PLET	290. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurre	ed at the time, dat	te end place, end due	to the cause(e) and manner	as stated			
m Tue unepity	TO THE FUNERAL De filed within 72 I	COMPL		R: On the beele of exemination							ruse(e) end	menner ee stated.	
n an	THE FU filed wit	BE C	296 SIGNATURE AND TITLE OF CERTIFIER	20 10	1 1		29c. LICENSE NUR	IBER	25	d. DATE SI	BNEO (Manti	n Day, Year)	
E	5 6 8 W	5	30 NAME AND ADDRESS OF REPORT	ceran	den	0	1127	087		8/	18/	13	
			30. NAME AND ACCRESS OF PERSON WHO	COMPLETED CAUSE OF DE	чин (пем 27) <i>(Туре</i> ,	Print)					4		
		2	31. DATE FILEO (Morith, Day, Year) AUG 1 9 1991	32. REGISTRAR'S SIGN	ATURE								
	- }	0	AUG 1 9 19 9:	32. REGISTRAR'S SIGN	on-Handell	L							

ITEMS: 23 PART I, 27, PER MEO FILM G-702 8/30/93 t.t

	1. DECEDENT'S NAME (First, Middle, Las	0)		rgrov	ze		2. DATE OF D MONTH	DAY	YEAR	3. TIME OF DI
	4. SOCIAL SECURITY NUMBER 214-62-8756	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) IF	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	RTH	8. BIRTHP	YLAND
ECTOR	90. FACILITY NAME (If not institution, give BOD SECOUT HO RESIDENCE OF DECEDENT 100. STATE 100. COUN	spital E	R.		Balt:	imore C		9c. C0	OUNTY OF DE	
DIR	MARYLAND	WY Company			IMORI	E				10d. INSIDE C LIMITS? WX YES 2
FUNERAL	1608 LEMMON S	STREET				21223		UNIT		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 Y	2 Y X10 If yes, specify Cuben, Mexi			PANIC ORIGIN? (Specify Yes or No — 14 xican, Puerto Rican, etc.)			American I White, etc.
PLETED	15. DECEDENT'S Et (Specify only highest gra Etementary/Secondary (0-12) 12 TH	DUCATION ide completed) College (1-4 or 5+)	(Gh	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSI				OF BUSINESS/II	NDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) LEROY HAR GROV	E SR.		B			AME (First, Middle E EPPE	RSON)	
TO B(190. INFORMANT'S NAME (Type/Print) MARLO HARGROV	E JR.	196	608 L	DRESS (Street	and Number or Rue	ALTIMO	RE, MC	3° 212	23
	20e. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State		196. MAJLINO ADDRESS (Street and Number or Paval Boute Number City or Town, State Zip Code) 2 2 2 . D. PLACE AND DATE OF DISPOSITION (Name of BALTIMORE, DATE CEMETERY 8-20 BALTIMORE, BALTIMORE,						
	23. PART I. Enter the diseases, o	or complications that	land caused the dec	ath. Do not	WM.	-	H FH 1	101 E.		Approx
	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. SEIZURE	caused the decise on sech line. DISORDER (OR AS A CONSECUENCE)		WM.	C. MARC	H FH 1			Approx
ITIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. SEIZURE DUE TO (DISORDER	DUENCE OF):	WM.	C. MARC	H FH 1			Approx
EDICAL CERTIFI	ahock, or heart feilung immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. SEIZURE DUE TO (b. DUE TO (c. DUE TO (d	DISORDER OR AS A CONSECTION AS	DUENCE OF):	WM. (C . MARC	H FH 1 ch as cerdiac		Y 24b. 1	Approximately Ap
MEDICAL CERTIFI	ahock, or heart feilure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. SEIZURE DUE TO (b. DUE TO (c. DUE TO (d. d. done contributing to (DISORDER (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ (OR AS A CONSEQ death but not re	DUENCE OF): DUENCE OF): DUENCE OF):	WM. (C . MARC	H FH 1 ch as cerdlac	WAS AN AUTOPS PERFORMED?	Y 24b. 1	Approx Interval Onset: WERE AUTOPS AMARLABLE PRI COMPLETION OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellum IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\times\) YES 2 \(\times\) NO 27. MANNER OF DEATH 1 \(\times\) Netural 5 \(\times\) Pending	a. SEIZURE DUE TO (b. DUE TO (c. DUE TO (d	DISORDER OR AS A CONSECTION OR A	DUENCE OF): DUENCE OF): DUENCE OF):	the underlying 26. P	C. MARC ode of dying, su ng cause given in	n Part I. 24a.	WAS AN AUTOPS PERFORMED?	Y 24b.	Approx Interval Onset: WERE AUTOPS AMALABLE PRI COMPLETION C
BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart feilure immediate Cause (Final disease or condition rasulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condi	a. SEIZURE DUE TO (b. DUE TO (c. DUE TO (d	DISORDER OR AS A CONSECTION OR A	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	the underlying 26. PTHER: Nursing Hore W	C. MARC ode of dying, su ng cause given in PLACE OF DEATH (C	n Part I. 24a. 1) Check only one) 6 Other (Special Describer)	WAS AN AUTOPS PERFORMED? VES 2 NO	Y 24b. Y	Approximately interval onset
PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellum IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only) CERTIFYINO PHY	a. SEIZURE DUE TO (b. DUE TO (c. DUE TO (d	DISORDER OR AS A CONSECTION OF A	DUENCE OF): DUENCE	the underlying 26. FTHER: Nursing Horiff 28c. IN Y M 1	ode of dying, su	n Part I. 24a. theck only one) 6 Other (Spo	WAS AN AUTOPS PERFORMED? VES 2 NO DOCINY N (Street and Number, State)	Y 24b. Y	WERE AUTOPS AMAILABLE PRI COMPLETION 0 OF DEATH? 1 YES 2

32. REGISTRAR'S SIGNATURE

FOR

_	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	A LLAY, L	QUISE H	ALLMAN		2. DATE OF DEATH MONTH	WY YES	3. TIME OF DEATH	
		T				08 1	8 93	1220 PH	
	4. SOCIAL SECURITY NUMBER 5. SEX		MC MC	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	· Co	IRTHPLACE (State or Foreign ountry)	
	214 20 4585 1 □ M 2 9a. FACILITY NAME (If not institution, give street and nurr	10	YRS.			0603		ARYLAND	
TOR	Stella Maris Haspie	Dulan		Z/	OWSU)		BC. COUNTY O	LTIMINE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			LTIMORE			10d. INSIDE CITY V LIMITS?		
FUNERAL	6407 BIRCHWOOD AVENUE			100	OF WHAT COUNTRY?				
BY	1 Never Married 2 V Married FORCE	CEDENT EVER IN U.S S? 1 1 YES 2 GIVE WAR OR DATES	NO NO	If yes, spi	ENDENT OF HISPAN scify Cuben, Maxicas 2 NO Specify	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	S	ACE — American Indian, Black, Whita, etc. Specify: WHITE	
E C	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16:	e. DECEDENT'S USI	UAL OCCUPATION done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR		
LETI	Elementary/Secondary (0-12) College (1	4 or 5+)	HOUSEWII	etired.)	ar or morally	ΔΤ.	HOME		
COMPL	17. FATHER'S NAME (First, Middle, Last)		HOUSEWII	L	Ten MOTUEDIO NA				
BE CO		MELFA			CARMEL		DI	FRANCO	
5	BRUNO H. HALLMAN		6407 E	BIRCHWO	OD AVENU	E BALTIMO	RE, MD.	21214	
	20e. METHOD OF DISPOSITION 1 \(\text{\ti}\text{\texi\texi{\texi}\text{\text{\texit{\text{\text{\text{\text{\text{\text{\texi}\text{\texit{\text{\tet	ata cemeter	ACE AND DATE OF D y, crematory or other	placel			CATION — City o	10.044	
	21. BIONATURE OF FUNERAL SERVICE LICENSEE	I GAH	RDENS OF		CEMETERY 10 ADDRESS OF FAC	8/21/93 B	ALTIMOR	<u> </u>	
	John E Solon J	OHN E. DO	OLAN		RD J. RU				
\vdash	23 PART i. Enter the diseases, or complication	na that ceused the	e death. Do not	L 5305	HARFORD	ROAD BALT	IMORE. N	MD. 21214 Approximate	
	snock, or neart failure. List only o	ne cause on each	line.			Unku		interval Between	
		UE TO (OR AS A CO	NSEQUENCE OF):		U	DA.			
CERTIFICATION	if any, leading to immediate	UE TO (OR AS A CO	NSEQUENCE OF):			Men	cary		
	CAUSE (Disease or injury that initiated events	UE TO (OR AS A CO	NSEQUENCE OF:						
E	resulting in death) LAST	,						į	
	DADY il Other significant conditions and a								
DICAL	PART II. Other aignificent conditions contribut	ing to death but r	not resulting in t	he underlying	ceuse given in i	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
1 11111						1 YES 2	. □XHO	OF DEATH?	
Σ.								1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (Che	ck only one)			
SIC	EXAMINER? 1 YES 2 NO 1 inpatia	NL: nt 2 DER/Outpatier		THER: Nursing Home	5 - Residence	Other (Specify)	HOSP	ICE	
F		ATE OF INJURY Jonth, Day, Year)	28b. TIME OF		JRY AT RK?	28d. OESCRIBE HOW	NJURY OCCURED	,	
B	Accident Investigation	405 05 IN H III			ES 2 NO				
TED	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY — I illding, etc. (Specify)	At home, farm, stree	et, factory, office		281. LOCATION (Street City or Town, State)	and Number or Rui	al Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be							se(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF GERTIFIER				29c LICENSE NUM			NED (Month, Day, Year)	
38 C	Chila & Cele	fand	eno		0270		► 8/I	8/93	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH	(ITEM 27) (Type, Prin	nt)			- 7/	7/1-	
		GISTRAR'S SIGNATUR						_	
6	AUG 1 9 1993 Fulia	Deviden R	andelle						

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_	1 - STATE OF MA	ARYLAND / D	DEPARTMEN	NT OF HEALT	H AND MEN	TAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) Ruth	Elizal	beth H	ibbard	2. [ATE OF DEATH		3. TIME OF DEATH 3. 4:35 A
	219 m 05 m 5228 1 □ M 2 XXE	i. AGE (In yrs. lest t	YRS. WONTH		B MIN. (ATE OF BIRTH Month, Day, Year) 7-17-192	8.	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (# not institution, give street end number) Francis Scott Key Medic RESIDENCE OF DECEDENT	al Cente		TY, TOWN OR LOCA Baltimo	ATION OF DEATH			Y OF DEATH
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimore		10c. CITY, TOWN	OR LOCATION	Dund	alb		10d, INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	100. STREET AND NUMBER 1749 Drexel Road			10f. ZIP CO	DDE	222		N OF WHAT COUNTRY?
B	11. MARITAL STATUS 12. WAS DECEDENT	YES 2 NO		3. WAS DECENDENT If yes, specify Cu 1 YES 2 N	F OF HISPANIC OF	IfGIN? (Specify Yee		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th Ghade College (1-4 or 5+)	(Give	o NOT use retired	e during most of wor	rking	16b. KIND OF BUS	on Home	
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN C. Sachs 19a. INFORMANT'S NAME (Type/Print)			E	dna E.	rst, Middle, Meiden Erdman	Surneme)	
٤	Mrs. Kristine Jones			ss (Street and Number 17 Poin				yland 21222
	20e. METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND COMPETER OAR I	awn Cer	osition (Name of e) neteru	8/20	/93 Ba	cation — city (ltimo)	re. Maryland
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	L	22	Duda∞Ru	ck Fune	ral Home	06 De	indalk, Inc.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUE	ENCE OF):	er tha mode of c	lying, such aa	cardlec or reapi	ratory arrest	Approximate interval Between Onset and Death 2 4 73
MEDICAL	PART II. Other significant conditions contributing to de	eath but not rea	ulting in the c	underlying cause	givan in Part i	. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 D NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Yes 1 Yes 2 NO 1 YES 2 NO 1 Y	R/Outpatient 3 🗆	DOA 4 M		DEATH (Check on			
ву рну	27. MANNER OF DEATH 26e. DATE OF IN (Month, Day,	JURY 2	26b. TIME OF INJURY M	28c. INJURY AT WORK?	28d.	DESCRIBE HOW IN	IJURY OCCUR	RED
		NJURY — At home ∴ (Specify)	, farm, street, fa	ctory, office	261.	OCATION (Street e. Dity or Town, Stete)	nd Number or i	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of rm one) 2 MEDICAL EXAMINER: On the best of exam							suse(e) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER KOUTHUL D MILLEY	mo			CENSE NUMBER	22	29d, DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE 400 NWOLFE ST 60	OF DEATH (ITEM 2		ND 2	1287			11)
10	31. DATE FILED (Month, Day, Year) AUG 1 9 1993		L					

BALTIMORE, MARYLAND 21215-0020

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after de	by the fu	emoval.	lical ex
NOU	filled in	ion, or r	the med
d within	mpletely	, cremat	event, 1
execute	in and co	to burial	ımatic
ificate be	physicia	ene prior	her tra
leath cert	attending	ntal Hygi	y, or of
hat the d	d by the	and Me	ny inju
equires t	en signe	of Health	hows a
The law r	e has be	te Dept.	m 23 s
SICIAN: 1	certificat	the Sta	I, or ite
NG PHY	fter this	eath with	marked
ATTENDI	ECTOR: A	s after d	1 28 Is
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSE	HE FUNE	led within	ORTAN
10	10	be fi	IMP

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Kennet		rseman		2. DATE OF DEATH DAY 8 14	1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 21 2⇔ 20⇔ 7666	1 🕅 M 2 🗆 F	68 YRS.	HITHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 1 9 - 1 9 2 5	8. BIRTI Count	HPLACE (State or Foreign try) Maryland	
OR	9a. FACILITY NAME (If not Institution, give Francis Scott K				more ci		c. COUNTY OF I	DEATH	
DIRECTOR	10e. STATE 10b. COUNT	Baltim		OWN OR LOCATI	ON	Dundalk		10d. INSIDE CITY LIMITS?	
	Maryland 10e. STREET AND NUMBER	Dand		10f.	ZIP CODE			1 YES 2 NO WHAT COUNTRY?	
FUNERAL	8031 Parkhaven	12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	21222 IC ORIGIN? (Specify Yea or		d States E — American Indian, k, White, etc.	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X Y IF YES, GIVE WAR O WW TT			cify Cuban, Mexican 2 NO Specify	n, Puerto Ricen, etc.)	Spec		
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during mos extred.)	N t of working	16b. KIND OF BUSINI	ESS/INDUSTRY		
COMPLE	12th Grade	College (1-4 or 5+)		Carrie		Post Off	sice		
- 1	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Sur			
N N	Sewell J. Horse 19a. INFORMANT'S NAME (Type/Print)	man	19b. MAILING AC	DRESS (Street an		2 Lindemann.			
2	Mrs. Joanna F.	Horseman	8031	Parkhav	en Road	Dundalk, 1			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Extramoment Holly Hull Memorial Parks 18/93 Middle River, MD								
	21. BIGNATURE OF FUNERAL BERVICE L	8.10	2	Dudo	MADDRESS OF FACE	ineral Home	of Dun	dalk, Inc.	
	23. PART I. Enter the disease of shock, or heart feilure immediate CAUSE (Final disease or condition resulting in death)	List only one ceuse D	meach line. The same of the s	antar tha mod	la of dying, sucl	as cardiac or respiret	ory arrest,	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	60 3	- 115 /	flu cer-n	nation retast	4. / dizn	the Fr	24hr 24hr-72h Weng winths	
CALC	PART II. Other aignificent condition		h but not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN AU		D. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO	
EDIC	tiver fai	Care				1 TYES 2/		COMPLETION OF CAUSE OF DEATH?	
Σ	Coma -	Severe 6	cidoss.					1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ock only one)			
2	1 YES 2 NO 27. MANNER OF DEATH	1 🗆 Inpatient 2 🗆 ER/	Outpatient 3 DOA 4			8 Other (Specify)			
2 2	Natural 5 Pending Investigation		nr) INJUR	WOF 1 Y		28d. DESCRIBE HOW INJU	JRY OCCURED		
EIEU	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, atc. (URY — At homa, farm, stre Specify)	et, factory, offica		281. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,	
COMPLETED		SICIAN: To the best of my k						a) and manner as stated.	
IO BE		issu Jun	2		29c. LICENSE NUN	923 2	od. DATE SIGNED	O (Month, Day, Year)	
8	JOHNAY GASSORF	Dyx. 9 Madi	DEATH (ITEM 27) (Type, Pr	scott ke					
+	AUG 1 9 1993	32. REGISTRAR'S S							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3. TIME OF DEATH	
	James Anthony	Johnson				ALGILO +	12,199	1775 OM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ 8	. BIRTHPLACE (State or Foreign	
	212-18-3843	½ M 2 □ F 7	9 YRS.	MONTHS DAYS	HOURS MIN.	10 - You	″ - 13	MD.	
	Se. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH	
DIRECTOR	The Union Memoria	al Hospital		Baltimo	re City				
) E	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY	
ā	MD.		BA	LTIMOR	E			LIMITS?	
A	10e. STREET AND NUMBER			10	of, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	2118 FULTON	AVE.			21217		U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No- 14	I. RACE — American Indian,	
BY	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			S 2 NO Specif	n, Puerto Rican, etc. y:		Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		USUAL OCCUPAT		16b. KIND OF	BUSINESS/INDUS		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	ost or working	COAS	GUA	RD	
₹	12								
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail			
띪	GEORGE JOHNS	ON			MARY	PROU			
2	LUCY JOHNSON		2 1 1 Q	ADDRESS (Street	end Number or Rural	Route Number, City or BALT . M	Town, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITION	T							
	1X Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State Cer	netary, crematory or of ARRISON	of disposition (A ther place)	ame of	1	LOCATION — CIT	Control of the soul	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	AKKISUN	22. NAME A	ND ADDRESS OF FA			MILLS, MD.	
	► 1/01 mm	PBA. Qu	? ,			RAL HOM FALLS		T. MD. 21216	
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do						
1	shock, or heert failure.	List only one cause on e	ech line.	-				interval Between Onset and Death	
	diseese or condition	SOLIDAD to	on in Ks	DUNE				2 do Lo	
	resulting in death)		A CONSEQUENCE O	F):	1 .			a delig)	
z	-0-4515000000000000000000000000000000000	. HYDDLer	DIDON à	12 40	& e Tect	100 MOR.	neit	2 days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):		10		1000	
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· Condia	myork	athy				1206	
붙	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F): /				1-1000 h	
H	Total III and	s. HIN	CAR	(4)				7400	
١٢	PART II. Other significent condition	a contributing to death I	out not resulting	In the underlyin	ig cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL	(OPD) +	Alzenhama	6 10	ntia	- W. C O. C O. C.	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀			1000111			1 YES	2 AND	OF DEATH?	
2						-		1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		I	
SIC	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	ne 5 🗆 Rasidence				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. IN	JURY AT	28d. OESCRIBE HO	W INJURY OCCUP	REO	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, raar)	1143		ORK? YES 2 NO				
	3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— Al home, farm,	street, factory, offi	ce	281. LOCATION (Stre City or Town, St	eet end Number or	Rural Route Number,	
	4 Homicide determined	74.00 1 20 1 20				ony or lown, or	ale)		
2	29e. CERTIFIER (Check only	CIAN: To the best of my know	riedge, death occurr	ed at the time, dat	e end piece, and due	to the cause(s) and	manner es stated.		
COMPLETED								:=use(s) end menner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IGNED (Month, Day, Year)	
BE		1.D.				8946-F		8/12/93	
010	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	Print)				1.7.4	
8	JOSE CASTI	ro n.D.;	UMH	BALTIT	חן שחפר	0 21715	3		
*	JOSE CASTRO M.D.; UMH BACTIMORE, MO 21718 31. DATE FILED (MONTH, Day, Ybar) AUG 19 1993 Julia Saindson Randere.								

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Itemfor 10e, 18, Film 703 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE OF DE	ATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	JULIA BERN	ICE JONE	S		8 1.7	93	YEAR
		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF U		7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign
	220-24-0130 1 M 2X F	81 YRS.	MONTHS DAYS HOU		(Month, Day, Year)	12	Maryland
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LO				Y OF DEATH
R	2801 NORFOLK AVE.		BALTIMO	RE		11.	
DIRECTOR	RESIDENCE OF DECEDENT						
뿐	10a. STATE 10b. COUNTY		, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MD.	BA	LTIMORE				1 YES 2 NO
Į١	10a. STREET AND NUMBER		101. ZIP (CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	-2801 NORFOLK AVE.		2	1215		U.	S.A.
בַּ	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1	VER IN U.S. ARMED	13. WAS DECENDE	NT OF NISPANIC	ORIGIN? (Specify Yes	or No — 1	4. RACE — American Indian,
B	1 Never Married 2 Merried FORCES? 1	OR DATES	1 TYES 2 X		Puerto Rican, etc.)		Black, White, etc. Specify:
	A						BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of w	rorking	166. KIND OF BUS	INESS/INDU	STRY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us			İ		
COMPLETED	12th Grade	HOUSE					
ပ္ပ	17. FATNER'S NAME (First, Middle, Lest)				(First, Middle, Maiden	•	
H	HARRY PARKER			JOETK O		RKER	
2	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Nur				20 20 2 20 20
	WILLIAM E. JONES		6 225th	ST. CA	MBRIA H	GHTS.	NEW YORK
	20e. METHOD OF DISPOSITION 1 Description March Mar	20b. PLACEAND DATE Of cemetery, cramatory or other			1		ly or Town, State
	4 Donation 5 Other (Specify)	MT. CALVAI	RY CEMETERY		8/21 A.A		
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		NUTTER	FUNER	AL HOME	S	21216
	ferm farker				FALLS P		BALT. MD
	23. PART I. Enter the diseases, or complications that complete the com	aused the desth. Do n	ot enter the mode of	dying, such a	s cerdlec or reepi	ratory arres	t, Approximete
	ahock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final	on eech line.					Interval Between Onset and Death
H	diament and a second state.	chapulaso	ula A	1000	auch		2008-100-200-
ı	OUE TO (DF	AS A CONSEDUENCE DE):	co, a	U-24 /		
z I	1 ly	AS A CONSEDUENCE DE	ion				
RTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEDUENCE DE):				
፩		botes o		15.			
	that initiated events resulting in death) LAST	AS A CONSEDUENCE OF):				
SER	d						
	PART II. Other significant conditions contributing to de	ath but not reculting in	n the underlying caus	se given in Pa	rt I. 24a. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL		1 cments		111.70	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES 2	□ NO	DF DEATH?
≥					-		1 TES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL		28 PLACE D	F OEATH (Check	anti anni		
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 Inpatient 2 TEN		OTHER:			2	
	27. MANNER OF DEATN 28e. DATE OF INJ		4 Nursing Home 5	-	8d. DESCRIBE NOW IN	DOA	nding borro
- 1	1 Natural 5 Pending (Month, Day, 1	(bor) INJU	M 1 YES		os. DEGOTINDE HOW IN	JOHN OCCO	ALLO V
à	2 Accident Investigation 3 Suicide Could not be 28e. PLACE DF IN	JURY — At home, larm, at			BI. LOCATION (Street a.	nd Number or	Dural Davis Number
<u> </u>	a Could not be building, atc.	(Specify)			City or Town, State)	10 110/11001 0/	Total Floore Printings,
۳ ا	29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my	and the second	THE STATE OF THE S				
COMPLEIED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: Dn the best of exam						
3		The state of the s	, in my opinion, death o	ccured at the tim	ia, date end place, end	due to the	cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	Va a	29c.	LICENSE NUMBE	R	29d. DATE S	SIGNEO (Month, Day, Year)
2	20 NAME AND ADDRESS OF BETTON WAS COME	11/h		1533	0	- 87	18193
	30. NAME AND AODRESS OF PERSON WIND COMPLETED CAUSES	WEATN (ITEM 27) (Type,	Print)				
-	31. DATE FILED (Month, Day, Year) 32. #EQISTRAB'S	PION ATIME					
	31. DATE FILED (Month, Day, Year) AUG 1 9 1993 Sulia Daw	don-Randell					

93 24149

		FOR	
1	_	STATE	

23 PART I, II, 27, 28b-f, PER MEO FILM G-703 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME

1 - STATE REGISTRAR	0		CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li	et)				2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH
Jerome 4. SOCIAL SECURITY NUMBER	S. SEX A	AGE (in yrs. last birthday)	Jott		0.8 1.3	1993	
214-78-4827	1 M 2 F		MONTHS DAYS	HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year) 04/10/58	Cour	THPLACE (State of Foreign try) Taryland
9a. FACILITY NAME (If not institution, g	,			R LOCATION OF DI		9c. COUNTY OF	
University RESIDENCE OF DECEDENT	lospital-	L.C.U.	Balt	imore			
Md .	INTY		timore	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
437 S. Gilmon	St.		100	212	23		USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 W Married FORCES? 1 YES 2				NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) y:	Ble	CE — American Indian, ck, White, etc. cdly: White
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KINO OF BUSH (if the Do NOT use refired.)							
9 17. FATHER'S NAME (First, Middle, Last)		Sal	es Cler			erbed Ga	allery
Jerome F. Jet					ME (First, Middle, Malden Seicke	Surname)	
19n. INFORMANT'S NAME (Type/Print)	, 0	19b, MAILING	ADDRESS (Street n		Actions Action Actio	n. State. Zin Code)	
Donna M. Jett					Balto., M		3
20a, METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 Donation 5 Other (Specify)	lemoval from State	20b. PLACE AND DATE Of cemetery, cremetory or other	or niecol		DATE 20c. LO		
4 ☐ Donation 5 ☐ Olber (Specify) _ 21. SIGNATURE OF FEMALE SERVICE		LCrest Lawn	22 NAME AN	D ADORESS OF FA	8/18 Syk		Md.
· Van	J. Kar	forens	Gary	L. Kaufn	nan Funeral , Elkridge		21227
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	R AS A CONSEQUENCE OF):				
that initiated events resulting in death) LAST	d	R AS A CONSEQUENCE OF					
PART II. Other significent condi	ilons contributing to de	eath but not resulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOR	IMED?	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?				ACE OF OEATH (Ch	eck only one)		
YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 □ E		OTHER: 4 — Nursing Hom	5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	Year)_ UNKINJU	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW II	JURY OCCURED	
1 Natural - Accident Investigati		7993 ±9	GEG 10	73	UNKNOWN		
3 Suicide 6 Could not determine	De building, etc	LOOMD ON	STREET		28f. LOCATION (Street a City or Town, State)	300 S. VI	NCENT STREET
anal	HYSICIAN: To the best of my		d at the time, data		to the cause(a) and mer	oner as stated.	TIMORE, MD.
2 K MEDICAL EXAM	AINER: On the basis of exem	nination and/or investigation	i, in my opinion, d				
WOWL TO	La U/1 10	MARC		29c. LICENSE NUI		•	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	0.0.	M.E.	0.8	14 1993
Margarita A. 31. DATE FILEO (Month, Day, Year)	2. REGISTRAR'S	MD. 111 P	enn St	reet, E	Baltimore	, Mary	land 21
AUG 1 9 1993	Julia David	SIGNATURE AND AND AND AND AND AND AND AND AND AND					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Most after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.





FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) Robert		Jarr	ett		2. DATE OF DEATH MONTH	7 9 3	3. TIME OF DEATH S M
	4. SOCIAL SECURITY NUMBER 260-/2-852/	5. SEX 6. AGE	(In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)	8. BIRT	THPLACE (State or Foreign ritry)
TOR	98. FACILITY NAME (If not institution, give stri Balto Dete RESIDENCE OF DECEDENT	ven Hos	pital	Bal-	TO		9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO
FUNERAL	100. STREET AND NUMBER HIGH E. Cold	dspring	lane		1. ZIP CODE 2/2/2		U	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES	If yes, sp	CENDENT OF HISPAI Becify Cuban, Mexica 5 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	Bio	CE — American Indian, lick, Whita, etc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON ost of working	16b, KIND OF BL	SINESS/INDUSTRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	11.	19b. MAILING	ADDRESS (Street a	// /	Route Number, City or Ton	vn, State, Zip Code)	9 31404
	20e. METHOD OF DISPOSITION 1	val from State 20t	b. PLACE AND DATE OF	ne planni	1 -1 -		OCATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIES	HISEE DOWN	osm Je		ND ADDRESS OF FA		10050	1 c
	23. PART / Inter the diseases, or co	omplications that cause	d the death. Do no	ot enter the mo	ode of dying, suc	h as cerdiac or resp	olratory errest,	Approximate
	IMMEDIATE CAUSE (Finel	lst only one ceuse on e	eech ilne.					interval Between Onset and Death
	disease or condition resulting in death)	- Theur	A CONSEQUENCE OF					5 Days
z		Metas.		-	nacea	1 Ca		1-0
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF		3			Irno
IFIC/	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF)	:				
ERT	resulting in death) LAST							
AL C	PART II. Other significent conditione	contributing to death t	out not resulting in	the underlyin	g cause given in			Ib. WERE AUTOPSY FINDINGS
DICAL						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)		
rsic		HOSPITAL: 1 Nipatient 2 ER/Outs		OTHER:		e 🗆 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
ЭВУ	2 Accident Investigation 3 Suicide e Could not be	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, st		-	28t. LOCATION (Street	and Number or Rura	I Route Number,
TE	4 Homicide detarmined		A .			City or Town, State	N.A.	
COMPLETED		CIAN: To the best of my know						
S	2 MEDICAL EXAMINER	t: On the basis of axaminatio	on and/or investigation	, in my opinion, d	leath occured at the	time, data and place, a	nd due to the cause	o(a) and manner as stated.
TO BE	20. 100.	mona	MD		29c, LICENSE NUI	WBER	29d. DATE SIGNI	ED (Month, Day, Year)
4	30. NAME AND ADDRESS OF PERSON WHO	· Green	e St	Print)	battin	rore,	mD:	21208
1	31. DATE FILED (Month, Day, Year) AUG 1 9 199	32. REGISTBAR'S SIGN	don fonda	PL.		·		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN			ENTIF	ICATE	Ur	DEA	ın_		REG. NO.		1.00	
1. DECEDENT'S NAME (First, Middle, Les DEBORAH	» ANN	.7	ONES	2		19.7		2. DATE O MONTH 0.8	DEATH DA	1.99	YEAR 3	3. TIME OF DEATH 11:15 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O				PLACE (State or Foreign
220-78-5308	1 🗆 M 2 📆 🤅	32	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Nor	th Carol
9a. FACILITY NAME (If not Institution, give 10239 PRINCE	PLACE				RGO	OR LOCATI	ON OF DE	EATH		PRI.		GEORGES
RESIDENCE OF DECEDENT			,									
Maryland Pri	nce Geo	rges		argo		TION						10d. INSIDE CITY LIMITS? 1 TYES 2 NO
10. STREET AND NUMBER 10239 Prince Place 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					10	207					JSA	HAT COUNTRY?
				1	f yes, sp	ENDENT Code	F HISPAN n, Maxica Spec//)	n, Puerto Ri	(Specify Yes can, etc.)	or No-	Black,	- American Indian, White, etc.
15. DECEDENT'S EI		16a. D	ECEDENT'S	USUAL OC	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INDI		
(Specify only highest gra	College (1-4 or 5	+)	hive kind of v									
12		Re	enta:	r co	nsu				Hous			
17. FATHER'S NAME (First, Middle, Last) Paul W. Jones								ME (First, Mi	iddle, Meiden : 2 T	Surname)		
19a. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRESS	(Street a	and Mumba	or Primit	Cloude Mumbe	o Oh, or Tour	, State, Zip	Code)	20772
Ann Hamberg			1066	57 J	оус	eto	n Di	c. Ul	peer	Mar1	bor	o, ²⁰⁷⁷²
20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE cemetery, cr	AND DATE (of DISPOS	ITION (N	ama of		DATE	20c. LO	CATION — C	City or Tov	vn, Stata
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE (- I Whit	:e ();	22.1	NAME A	NO ADDRE	S OF FA	CILITY				orth Car
· Carbon	C. D.	anda.	1					inera Loh S	al Se	rvic	ce	
disease or condition resulting in death)	e. DUE TO	O (OR AS A CONSE	TV/CE QUENCE O	F):	20	16-1	gr	lat	102			
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE										
PART II. Other eignificant conditi	d	death but not	regulting	in the un	derivin	O COURS (alven in	Part I	24a, WAS AN	Alimpey	1 245	WERE AUTOPSY FINDING
									PERFOR	MED?	1	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-			LACE OF D	EATH (Ch	eck only one)			
1 XYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 - Nurs	t: sing Hom	10 5 XA	sidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE Of (Month, I)	FINJURY Day, Year) FOU 0-1993	Zab. TIM		29c. INJ	URY AT		28d. DE\$0	RIBE HOW I	WAS	-	RANGLED
2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE	OF INJURY — At h				VES 2	א עט	28f. LOCA	TION (Street a	nd Number	or Rural A	oute Number.
Homicide determined			OME					1023	9 PR	INCE	PL	/LARGO,M
	/SICIAN: To the best of NER: On the bests of											and manner as stated.
29b. FURE AND TITLE OF CERTIF	IEI AR	000					ENSE NU					(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	, Print)		0.0	. M.	Е		80	-17	-1993
J-LARON LO	cks. N	M 11	1 Pe	enn	Str	eet,	Ва	ltim	ore,	Mar	yla	nd 2120
31. DATE FILED AUG 19	993 Full	AR'S SIGNATURE	Bind	EL.								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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IN THE PURENCH UNICHON. ALER THIS COLUMNIC HAS BEEN SHIPPED BY THE STREET AND COMPRESS. THIS HE WIND THE COLUMNIC DE COLUMNIC		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Jane C	Nours	tem
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CINE	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TANT
2	fled	POR
2	2	Σ

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30. NAME AND ADDRESS OF PERMANDERS OF PERMAN

1993

AUG

whie Davidson

1. DECEDENT'S NAME JEFFREY				TOATE	OF DEA		2. DATE C	REG. NO.		WEAR.	3. TIME OF OEATH
Jeffery	Scott	C		Join	ner		0 8	15		93	11:17 P
4. SOCIAL SECURITY NUMBER		8. AGE (In yra	s. leaf birthday)	IF UNDER		ER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreign
216-66-6564	1 XM 2 F	37	YRS.	MONTHS	DAYS HOURS	MIN.	May	31,	195		aRYLAND
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR LOCA	TION OF DI	EATH		9c. COUN		
Francis Scoti	Key Ho	spita	<u>al</u>	Ва	ltimor	e Ci	ity				
10a. STATE 10b. COUNT				TY, TOWN O	OR LOCATION						10d. INSIDE CITY
Maryland Ba	ltimore		Г	ounda	- 1 k						LIMITS?
10e. STREET AND NUMBER	LCIMOIC			Zunac	101. ZIP CC	DE			10g. CITIZ	ZEN OF W	WHAT COUNTRY?
1713 Brookview	Road				2	1222			Uni	ted	States
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S	ARMED		WAS DECENDENT					14. RACE	— American Indian, , White, elc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	X		if yes, specify Cu I 🔲 YES 2 🕞 N			can, atc.)		Specif	
15. DECEDENT'S EQ	I CATION	100	. DECEDENT'S		21		1.00				MILLE
(Specify only highest grad	le completed) College (1-4 or 5 +)			work done d	during most of wor	king	160.	KIND OF BUS	INESS/IND	USTRY	
12	2		ivil	Desi	igner		C	iszil	Eng	ina	ering
17. FATHER'S NAME (First, Middle, Last)				2001		THER'S NA		ddle, Melden		THE	er mg
Vernon L. Join	er				J	oyce	L.	Coler	nan		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS	(Street and Numi					Code)	JEJOL
Lynne L. Joine	r		1713	Bro	ookvie	w Ro	ad,	Balto	D., 1	MD	21222
20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 Д X remetion 3 ☐ Rer		00h DI 4		OFDICEOR			OATE	00-10	2471011 6		
1 Buriel 2 Cremetion 3 Rer	novel from State	200. PLA	Cremetory or o	or Disrosi	ITION (Name of		OATE	20c. LO	CATION —	City or To	wn, State
1 Buriel 2 X remetion 3 Rer 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L Britan T. Chish	CENSEE		remetory or o	other piece) Ser 22. I	vice	iess of fa uck	8/	17/93 ral H	3 Tov	wsor of	Dundalk
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	complications that	caused the	a death. Do i	Ser 22. I 7 C	rvice NAME AND ADDR Ouda-R 022 With mode of c	NESS OF FA	8/	17/93	Home	wsor of	Dundalk
21. SIGNATURE OF FUNERAL SERVICE L Bran T. Chish 23. PART I. Enter the diseases, or ahock, or heart failura limmediate CAUSE (Final disease or condition	complications that List only one cause a. PUL MON OUE TO (1) b. DEEP OUE TO (1) c.	caused that the on anch on a A CON	a death. Do silne.	not enter MBOE THE	rvice NAME AND ADDR Ouda-R 022 With mode of c	NESS OF FA	8/	17/93	Home	wsor of	Dundalk, MD 2122
21. SIGNATURE OF FUNERAL SERVICE L Brian T. Chish 23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one cause a. PUL MON OUE TO (c) b. DEEP OUE TO (c) d.	caused that the on and the on and the on and the on and the one of	a death. Do illine. THEOTOMOREOUENCE O	not enter MBOE PH:	evice NAME AND ADDRO Duda - Ri 222 Wi the mode of c	NESS OF FA	Fune. Venuch as cardi	17/93	AUTOPSY MED?	of oet,	Dundalk, MD 2122
21. SIGNATURE OF FUNERAL SERVICE L Brian T. Chish 23. PART I. Enter the diseases, or shock, or heart failure limes or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one cause a. PUL MON OUE TO (c. DUE TO (c. d. HOSPITAL:	caused the se on anch OR AS A COM OR AS A COM OR AS A COM death but no	a death. Do a line. THEOTOMOREOUENCE OF THE CONTROL OF THE CONTRO	In the united the property of	CVICE NAME AND ADDRESS DUCE - RI 222 Wi the mode of c BOLISM LOWING CAUSE DUCE - PLACE OF RE	DEATH (Ch	Part I.	17/93 ral F Rac or reaple	AUTOPSY MED?	of oet,	Dundalk Approximate Interval Betwee Onset and Das WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUNERAL SERVICE L Brian T. Chish 23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death and cause. Examiner? 1 Yes 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	complications that List only one caus a. PUL MON OUE TO (C. DUE TO (d	caused that the control of the contr	a death. Do a line. THEOTOMOREOUENCE OF THE CONTROL OF THE CONTRO	orher place) Ser 22.1 D T T T T T T T T T T T T T T T T T T	CVICE NAME AND ADDRE DUCE - RI 222 Wi the mode of c BOLISM COMISO Comison	PESS OF FALCK PERSON AND AND AND AND AND AND AND AND AND AN	Part I.	17/93 ral F Rac or reaple	AUTOPSY MED?	of set,	Dundalk Approximate Interval Betwee Onset and Das WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUNERAL SERVICE L Brian T. Chish 23. PART I. Enter the diseases, or shock, or heart failure limbers, or heart failure limbers or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	compilications that List only one cause a. PUL MON OUE TO (c. b. DUE TO (c. d. DUE TO (c. d. HOSPITAL: 1 Inpetient 25 28e. DATE OF (Month, De) 28e. PLACE OF	caused the see on anch on as a condata but no death but no ER/Outpetien INJURY (Year)	a death. Do I lina. THROTONSEOUENCE O NSEOUENCE O	other piece) Ser 22.1 D T T M B O F : In the unit OTHER 4 Num M	CVICE NAME AND ADDR DUCE - RI 22 Wi the mode of c BOLIST LOVING C. 26. PLACE OF R: sing Home 5 = 28c. INJURY AT WORKY 1 VES 2	PESS OF FALCK PERSON AND AND AND AND AND AND AND AND AND AN	Part I. Part I. 281. LOCA 281. LOCA	17/93 ral F Rac or reaple 24e. WAS AN PERFOR 1 N VES 2	AUTOPSY MED?	of 24b.	Dundalk Approximate Interval Betwee Onset and Das WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Penn Street,

Baltimore,

Maryland

21201

detach		once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

THE HOSPITAL DR ATTENDING I THE FUNERAL DIRECTOR: After flied within 72 hours after death

223

1 Natural

3 Suicide

4 Homicide 29e. CERTIFIER

Accident

31. DATE FILED (Month, Day, Year)

1 9 1993

AUG

6 Could not be

20a. METHOD OF DISPOSITION
1

Burlel 2

Exemption 3

Removal from State

4 ☐ Donetion 5 ☐ Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENS

											93	2	4153
	1 - STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR	ICAT	T OF H	EALTH DEAT	AND N	MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First,)	(J. +	Jai	Ope	ch	10.	54	BR.	2. DATE OF DEATH MONTH DA	7	9 PAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBE 214-30-36	35	5. SEX	8. AGE (In yr	S. lest birinday) YRS.	IF UNDE	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	34	8. BIRTH Count	MD
TOR	99. FACILITY NAME (If not inst HARBOR	HOSP	reet and number) ITAL CEI	VTER				MOR1	V 7. TF		9c. COU	INTY OF D	PEATH
DIRECTOR	10e. STATE MD	10b. COUNTY				Y, TOWN		TION RE CI	ITY				10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO
FUNERAL	3724 PEN	NING'	TON AVE	NUE			101	ZIP CODE	212	26	177	IZEN OF V	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDENT FORCES? 13 IF YES, GIVE W	TYTES 2	NO		If yes, sp	ENDENT OF	F HISPAN , Mexicen Specify:	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No—	14. RACI Blac Spec	E — American Indien, k, White, etc.
COMPLETED	15. DECE (Specify only) Elementary/Secondery (0-1 8th		CATION completed) College (1-4 or 5 +		Give kind of the MECH	work done se retired.)	during mo		7	166. KIND OF BUS			EQUIPMENT
	17. FATHER'S NAME (First, Mid EDWARD B.		PCHINSKY	7						BORKOSK			
TO BE	190. INFORMANT'S NAME (TYPE REGINA KA	oe/Print)						nd Number	or Rural R	oute Number, City or Town ENUE , B	r, State, Zij		MD 21226

CHARLES L. STEVENS FUNERAL HOME, 1501 Ε. FORT AVENUE, BALTO., 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximata shock, or haart failura. List only one cause on each line. intarval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) cron DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 🗌 YES 2 🗌 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Ybar) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

30. REGISTRAN'S SI

20b. PLACE AND DATE OF DISPOSITION (Name of

GREEN MOUNT

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner ea stated, 29c LICENSE NUMBER D 3349 29d. DATE SIGNED (Month, Day Year) 9 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DATE

8/19

CEMETERY

1 YES

2 NO

20c. LOCATION — City or Town, State

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BALTIMORE, MD

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE STATE OF MARTICAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (FIRST	, Middle, Last)	Lin	IRENE	HELEI	N LIM	ME	R		2. D/	ATE OF DEATH	DAY	YEAR 02	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-58	-6815	5. SEX 8. A	NGE (In yrs. les		IF UNDER 1 Y	YEAR MYS	IF UNDER	24 HRS. MIN.	7. DA	TE OF BIRTH Ignith, Day, Year)	1909	Count	IPLACE (State or Foreign 1) Litim ere , Hel
Se. FACILITY NAME (IF not IF Stell)	A M	ARJS			96. CITY, TO	TO	WS (EATH		Ba Himore		
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	TOWN OR I	LOCAT	ION						404 INDIDE OFFI
Md.	Balti	more			wson								10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	laney	Valley Rd.				L.	21:	204			1	U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12, WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2	MED IO	If y	es, sp	ENDENT Cobs	n, Mexic	en, Puer	IGIN? (Specify 'rto Rican, etc.)	fea or No—	14. RACI Blac Snec	
15. DEC	EDENT'S EDUC	ATION	150 DE	CEDENT'S U	PUAL OCCI	IDATIC							White
(Specify onle Elementary/Secondary (C	y highest grade (College (1-4 or 5+)	(G	ive kind of wo	rk done duri	ing mo	st of workin	g		16b. KIND OF E		DUSTRY	
6			H	ouse 1	Wife					Own	Home		
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	NER'S NA	AME (Fire	st, Middle, Maid	on Surname)		
		Kellner						Eliz	abe	th Sau	er		
19a. INFORMANT'S NAME (7	ype/Print)		198	b. MAILING A	DDRESS (S	treet a	nd Number	or Aural	Route N	lumber, City or T	own, State, Zi	D Code)	
Sandy Mc		tv		5601	Swee	et.	Air 1	Rd.	Ba	ldwin,	Md.	210	13
20a, METNOD OF DISPOSIT 1 1 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Ramo	val from State	cemetery, cre-	metory or othe	r plece)			8-	23-		LOCATION —		wn, Stata
21. SIGNATURE OF FLINERA	L SERVICE LICI	ENSEE	Can	Tawii	7		D ADDRES			75	Dare	TINOI	c, 114.
Mahr	DE	DE								ral Howson,			
23. PART I. Enter the d	iseeses, Dr C	omplications that cou	sed the de	eth. Do no	t enter the	e mo	de of dyi	ng, suc	h ss c	erdiac or ree	piratory sr	rest,	Approximate
iMMEDIATE CAUSE (Fir disease or condition resulting in death)		DUE TO (OR	210-	-30 K	ero	tic	i -C	ARO		Vascul	AR D	150A	Interval Between Onset and Death
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate iNG iry c	DUE TO (OR A											
	d	•		-0.0									
PART ii. Other eignifice	nt conditions	contributing to deet	th but not re	esulting in	the unde	riying	ceuse g	lven in	Part i.		N AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:		10	THER:	26. PL	ACE OF DI	EATN (Ch	eck only	r one)			
1 TYES 2 NO		1 Inpatient 2 I ER/	Outpatient 3	□ DOA 4	Nursing	Home	9 5 □ Re	sidence	6 🗆 0	ther (Specify)			
	Pending Investigation	26a. DATE OF INJU (Month, Day, Ye.	RY ar)	26b. TIME (łY Y	WO	JRY AT RK? ES 2] NO	28d. [DESCRIBE NOV	INJURY OC	CURED	
3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, building, atc. (Specify)					et, factory,	office	1		261. L	OCATION (Street)	t and Number te)	or Rural F	loute Number,
		IAN: To the best of my k											
		On the basis of examin	ation and/or li	rivestigation,	in my opini	ion, de	ath occun	ed at the	time, d	ata and place,	and dua to th	re cause(s) and manner as stated,
296 SIGNATURE AND TITLE	/ / /	Perlan	de	10			29c. LICE	NSE NUI	MBER	87	29d. DAT	E SIGNED	(Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

A

31. DATE FILED (Month, Day, Year)
AUG 1 9 1993

TOWSON,

laner Valley Rd.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN	_	
S. 1685	1. DECEDENT'S NAME (First, Middle, Lest) JAMES	DALLAS	S LAMB			2. DATE OF DEATH MONTH 8 16	MY 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-40-3888	1½ M 2 □ F 51	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-15-1942		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution, give s NORTH ARUI RESIDENCE OF DECEDENT	NDEL HOSPIT			EN BURN		9c. COUNTY ANN	OF DEATH E ARUNDEL
DIRECTOR	10a. STATE 10b. COUNT	ARUNDEL		TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2 J NO
FUNERAL	10e. STREET AND NUMBER 324 DOGWOOD ROAD			101	ZIP CODE		U.S	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	It yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) NONE	16a. DECEDENT'S US (Give kind of wor life. Do NOT use AUTO PA	rk done during mo retired.)		OWN BU		
	17. FATHER'S NAME (First, Middle, Last)	MB				AME (First, Middle, Maide	Surname)	
TO BE	196. INFORMANT'S NAME (Type/Print) GERALDINE A. LAMB					Route Number, City or Tox		de)
	20s. METHOD OF DISPOSITION 1 Regular 2 Cremetton 3 Rem 4 Donation 5 Other County	oval from State 20t	PLACE AND DATE OF	DISPOSITION (Ne	me of	18/201 01	OCATION - City	YLAND 21108 y or Town, State NIE, MD.
	21. SEGNATURE OF FUNERAL DERVICE IN	the	LEN HAVEN	22. NAME A	ID ADDRESS OF R	SINGLE	TON FUN	NERAL HOME
RTIFICATION	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	Can		ch as cardiac or reep		Interval Between
MEDICAL CE	PART II. Other significent condition	a contributing to death b	out not resulting in	the underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1X XYES 2 \(\sqrt{N} \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (C			
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stri offy)	eet, factory, offic		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED					eath occured at th	e time, dets and place, s	nd dua to the c	suse(s) and menner as stated.
TO BE	Oars (O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	29c, LICENSE NU	ME	≥ 8	17 1993
	J-CARDN LOX 31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	111 Pen		eet, Ba	ltimore,	Mary	land 21201
2	AUG 1 9 1993	Julia Devidson	- Andrea					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

Items9a,10e,19b 8-20-93 FilmG702

	1. DECEDENT'S NAME (First, Middle, L	est)		CATE OF DEATH	2. DAT	REG. NO. E OF DEATH TH DAY	YEAR 3. TIME OF I	DEATH
		orphy, Sr.			08	18 9	8:30	Р
	4. SOCIAL SECURITY NUMBER 220-36-9117 96. FACILITY N M 2 C 7 1 1 2 2	1√2 M 2 □ F 8	In yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MR 9b. CITY, TOWN OR LOCATION C	09/	19 /06	a. BIRTHPLACE (State Country) Maryland	
5	MacAlpine	ine Road	96	Ellicott City			ward	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. CO			TOWN OR LOCATION			10d. INSIDE LIMITS?	
FUNERAL	3805 Mealpine	ne Road		101. ZIP CODE 21043	3		ZEN OF WHAT COUNTR	.,,
BY FUN	11. MARITAL STATUS 1 Never Merried 2XXX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	19. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 NO S	exicen, Puerto	IN? (Specify Yes or No-	14. RACE — American Black, White, etc. Specify: White	Indian,
	15. DECEDENT'S (Specify only highest of	grade completed)	16a. DECEDENT'S L (Give kind of wi life. Do NOT use	ISUAL OCCUPATION ork done during most of working patiend.)	16	b. KIND OF BUSINESS/INDI		
COMPLE	12 17. FATHER'S NAME (First, Middle, Last	College (1-4 or 5+) 4 yrs +		incipal		Howard Count	ty Public	Sch
ш	Milton M.				Lie Be	,		
10 B	190. INFORMANT'S NAME (Typo/Print) Bernice P. Murp		196. MAILING /				Code) Md. 21043	3
	29e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3	20b	PLACE AND DATEO	F DISPOSITION (Name of	DA			
	4 Donation 5 Other (Specify)	Mt	. Olivet	Cemetery 22. NAME AND ADDRESS O	8/2	1 Frederic	k, Md.	
	> 2/0x	L. Kanh	mana	Gary L. Kauf	man Fu		3	
	disease or condition resulting in death)	. Athensed		Cardiosana	ular	Disease	Onset	
ITIFICATION		bDUE TO (OR AS A	CONSEQUENCE OF	E	ular	Disease	i	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	CONSEQUENCE OF	:		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	i	SY FINDING TO DE CAUS
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF	the underlying cause given 28. PLACE OF DEATH	n in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOP: AMAILABLE PF COMPLETION DF DEATH?	SY FINDING TO DE CAUS
SICIAN: MEDICAL	PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 AYES 2 NO 27. MANNER OF DEATH	b	CONSEQUENCE OF	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF 28c. NUJURY AT WORK?	n in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOP: AMAILABLE PP COMPLETION DF DEATH? 1 YES 2	SY FINDINIOR TO DF CAUS
D BY PHYSICIAN: MEDICAL	PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural 2 Accident Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond QUAL COMA 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural S Pending investigat 3 Suicide S Could not	DUE TO (OR AS A c. DUE TO (OR AS A d. Itions contributing to death b Itions contributing to death b Itions contributing to death b Itions contributing to death b Itions contributing to death b Itions contributing to death b Itions contributing to death b Itions contributing to death b	CONSEQUENCE OF	26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK? M 1 YES 2 NC	n in Part i. If (Check only of the control of the	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO One) One (Specify) ESCRIBE HOW INJURY OCC	24b. WERE AUTOP: AMAILABLE PF COMPLETION DF DEATH? 1 YES 2	BY FINDING TO DE CAUS
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ELED BY PHYSICIAN: MEDICAL	PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural S Pending 1 Netural S Pending 2 Accident 3 Suicide S Could not determine 290. CERTIFIER (Check only)	DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF 28c. NUJURY AT RYY 1 YES 2 NC reet, factory, office	n in Part i. If (Check only of the control of the	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Per (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number of Yor Yown, State)	24b. WERE AUTOP AMAILABLE PROCESSION OF DEATH? 1 YES 2	SSY FINDING TO DE CAU
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO	D.		
	1. DECEDENT'S NAME (First, Midd	die, Last)							2. DATE	DF DEATH	DAY	YEAR 3.	TIME OF DEA
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	4. SOCIAL SECURITY NUMBER	5, SE			s. last birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH	,	Country)	ACE (State or F
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00	17. FATHER'S NAME (First, Middle,	Last)						18. MOTHER'S N	AME (First,	Middle, Maide	n Surname)		
BE	William J.	Moor	ce.					Luci		Whit			
2	19a. INFORMANT'S NAME (Type/P							nd Number or Rural					
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RTIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	NSEDUENCE O	/F):							
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임	30. NAME AND ADDRESS OF PER	ISON WHO COM	PLETED CAU	SE OF DEATH	(ITEM 27) (Type	e, Print)						, ,	
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19b. MARLING ADDRESS (Simet and Number or Rural Routin Number). City or Som, State, Zip Code) **Ruth Moore** **Ruth Moore** **Part II. Moore** 120. MARLING ADDRESS (Simet and Number or Rural Routin Number). City or Som, State, Zip Code) **Waite AV. e. Sykesville, M.d. 21784 20a. METHOD OF DISPOSITION 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 Burling Code places 1/2 SUBJECT CODE Places 2.2 NAME AND ADDRESS OF PEACHTY **Part II. Enter they/lisessee, or complications that/situed the death. Do not anter the mode of dying, such ee cardisc or respiratory errest, interval Bet Onset and diseases or confidence on confidence on the cardisc on each line. **Part II. Enter they/lisessee, or complications that/situed the death. Do not anter the mode of dying, such ee cardisc or respiratory errest, interval Bet Onset and diseases or confidition. **Part III. Enter they/lisessee, or complications that/situed the death. Do not anter the mode of dying, such ee cardisc or respiratory errest, interval Bet Onset and diseases or confidence on interval Bet Onset and diseases or confidence on interval Bet Onset and diseases or confidence on interval Bet Onset and diseases or conditions. **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A CONSEQUENCE OF):** **DUE TO (OR AS A	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Surneme)	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYDM, PRINT) 1412 (Van- 4W W GB MD 7106)	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigation of the conditions of th	a. DUE TO (b. DUE TO (c. DUE TO (d. DUE	OR AS A CONSEQUENC OR AS	E OF): E OF): 26. P A OTHER: MA OTHER: MA I Nursing Hor TIME OF NURSING HOR Tring of Sec. Ins. Tri	Date of dying, sure of dying, sure of dying, sure of dying, sure of dying and dying an	Part I. 24a. WAS A PERFC 1 YES 1 OESCRIBE HOW 26d. OESCRIBE HOW 26	N AUTOPSY PRIMED? 2 NO 1 INJURY OCCU	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of th	a. DUE TO (b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (see a contributing to contributing	OR AS A CONSEQUENCE OR AS	E OF): E OF): 26. P A 4 Nursing Hor TIME OF 28c. IN. INJURY M 1 rm, street, factory, officer, in my opinion, i	Day Cause given in LACE OF DEATH (Come 5 Nesidence JURY AT ORK? YES 2 No ce	heck only one) 24a. WAS A PERFO 1 YES 1 Other (Specify) 25d. OESCRIBE HOW 281. LOCATION (Street City or Town, State) to the cause(a) and me time, data and place, is	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINA AMILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
AUG 1 9 1993	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and investigation of the conditions of t	a. DUE TO (b. DUE TO (c. DUE TO (d. DU	OR AS A CONSEQUENCE OR AS	E OF): E OF): 26. P A 4 Nursing Hor TIME OF 28c. IN. INJURY M 1 rm, street, factory, officer, in my opinion, i	Day Cause given in LACE OF DEATH (Come 5 Nesidence JURY AT ORK? YES 2 No ce	heck only one) 24a. WAS A PERFC 1 YES 1 Other (Specify) 25d. OESCRIBE HOW 281. LOCATION (Street City or Town, State) to the cause(a) and me time, data and place, is	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINA AMILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO

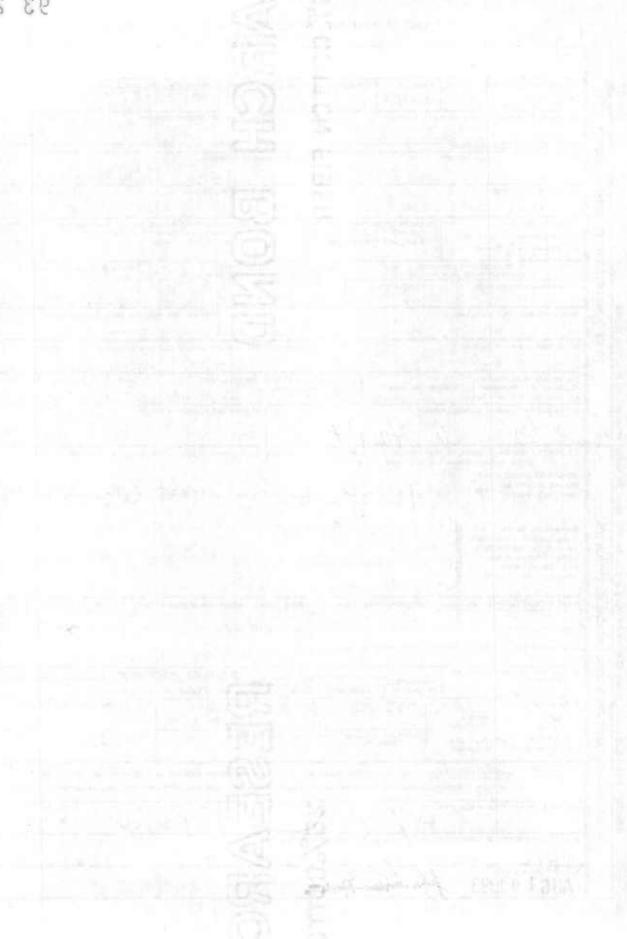
BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OHMH-16 Rev 1/89



FOR STATE REGISTRAR 1 **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) NATALIE NMN MAXON 2. DATE OF NA 0 8 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF 6. AGE (In vrs. last birthde IF UNDER 1 YEAR DAYS HOURS 1 M 2 DE 213-09-9792 9 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GOOD SAMARITAN HOSPITAL BALTIMORE use as the burial-transit permit. Pages 1, 2, RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION MARYLAND NONE BALTIMORE FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 1556 WINFORD ROAD 21239 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (5 BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Pr 1 YES 2 NO Specify: 1 Never Merried 2 Merried BY IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EOUCATION secify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION 16b. KI during most of working Elementary/Secondery (0-12) College (1-4 or 5+) HOMEMAKER 8 NONE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mid GOLLIN CHRISTINE BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number JOHN P. MEYER ROBINSON ROAD, SEVERNA PA 9 20e. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must CEDAR HILL CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 SECOND AVE., S.W. or removal. event, the medical 23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cerdial signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disesse or condition PULMONARY HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL this certificate has been with the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Propellent 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCR is marked, 1 Netural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATIO 3 Suicide 6 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 記まま

John

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

23

2

AUG 1 9 1993

STATE OF MARYL				HEALTH AND	MENTA	HYGIEN REG. NO.			
NATALIE	NMN			XON	MON	E OF DEATH	ıv.	YEAR	3. TIME OF DEATH
□ M 2 12 F 92	In yrs. last birtho	NONTI		IF UNDER 24 HRS. HOURS MIN.	9 9	E OF BIRTH off, Day, Year) 8 19		8. BIRTH Counts GEI	RMANY
end number)			LTIMO	RE	EATH		9c. COUN	IONE	EATH
-		CITY, TOW	MORE	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	1	21111111		21239				ZEN OF V	WHAT COUNTRY?
WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO		If yes, sp	CENDENT OF HISPA Decity Cuben, Mexico B 22 NO Specia	en, Puerto	N? (Specify Yea Rican, etc.)	or No-	14. RACI Black Speci	E — American Indian, k, White, stc.
Noted (1-4 or 5 +) NONE	16a, OECEDEI (Give kine life, Do No	d of work do OT use retire	ne durina m	ost of working	16	b. KINO OF BUS	HOME		
				18. MOTHER'S NA			Sumame)		
				AD, SEVE					21146
rom State cem	PLACEAND DI etery, cremetory EDAR H	or other pla	ce)		8/2 199	1 BRO	CATION — C		wn, State ARYLAND
The same	Ila	4		OND AVE.					ERAL HOME
PULMO DUE TO (OR AS A	NAR	. V					retory sm	est,	Approximata Interval Between Onset and Death
DUE TO (OR AS A	CONSEQUENC	CÉ OF):							
DUE TO (OR AS A	CONSEQUENC	CE OF):							
ntributing to death b	ut not resulti	ing in the	underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
SPITAL:	atlant 3 🗆 DO	OTH	ER:	LACE OF DEATH (Ch					
28e. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. IN.	JURY AT DRK?		SCRIBE HOW IN	JURY OCC	URED	
28s. PLACE OF INJURY building, atc. (Spec	— At home, fai	rm, street, f	lectory, offic	•	281, LOC City	CATION (Street a or Town, State)	nd Number	or Rural F	loute Number,
To the best of my knowle the basis of examination) end manner as stated.
ndom	, П	. D		29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year) 8/93

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
- 7	MOZELLA OLIVER				MONTH DA		YEAR
- 9		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 17	199	
		56 YAS.	MONTHS DAYS	HOURS MIN.	7719727		8. BIRTHPLACE (State or Foreign Country)
		70 TH3.					5.0.
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN (OR LOCATION OF DE	ATH	9c. COUN	NTY OF DEATH
Ö	THE JOHNS HOPKINS HOSPITAL		BALTIM	DRE CITY		RALT	IMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	140-017					
2	Md.		Y, TOWN OR LOCAT	177			10d. INSIDE CITY LIMITS?
		Ва	altimor				1 🔀 YES 2 🗌 NO
¥.	10e. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	4927 Aberdeen Avenue			21206		U	JSA
5	11. MARITAL STATUS 12. WAS DECEDENT EVI		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married FORCES? 1 Y 3 Wildowed 4 Divorced IF YES, GIVE WAR O			2 NO Specify	n, Puerto Rican, atc.		Specify:
	41					A	froAmerican
回	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Che black of a	USUAL OCCUPATION	ON et of wadding	16b. KIND OF BUS	INESS/INO	
91	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT u	Cook	at or working	Balto	City	Public Sch.
-						0201	T WOLLO DOM.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		
BE	Alonzo Hodge			Mag	gìe Caro	lina	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Toute Number, City or Town	, State, Zip	Code)
2	Margaret Lee	492	27 Aber	deen Av	e, Balto	. , M	ld. 21206
	200 METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Na	me of	OATE 20c, LO	CATION — C	Cify or Town, Stata
	4 □ Donation 5 □ Other (Specify)	cemetery crematory or o	ther place)		8/23 Ba		TO STATE OF THE PROPERTY OF TH
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ID ADDRESS OF FAC		TCO.	, Ma.
	Dames a. Mo	4			rton & S	ons	9_
_			1701	Lauren	s St. Ba	lto.	, Md,21217
	23. PART I. Enter the diseases, or complications that cau shock, or heart feliure. List only one cause o	sed the deeth. Do r	ot enter the mo	de of dying, such	as cardiec or reepi	ratory arre	eat, Approximate
	IMMEDIATE CAUSE (Final						interval Between Onset and Death
1	disease or condition resulting in deeth)	SATO TO SA CONSEQUENCE OF	Le un	Diseks	?		1 1 1 1 1 1
ı	DUE TO (OR /	S A CONSEQUENCE OF	F):				- ger
2	- 1+	ypertu	Sim				30000
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	S CONSEQUENCE OF	F):				3-9/3
<u> </u>	cause. Enter UNDERLYING						
三	CAUSE (Disease or injury that initiated events OUE TO (OR A	S A CONSEQUENCE OF	7:				
눈	resulting in death) LAST						
씽∥							
A I	PART II. Other aignificent conditione contributing to deet	h but not reculting i	n the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
DICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
点 II							DF DEATH?
5					_		1 1 123 2 200
₹	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF OEATN (Che	ck nak nael		
잃	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputer 2 ER/C	hatnettent 2 Dos	OTHER:				
PHYSICIAN: MEI	27. MANNER OF DEATH 28s. OATE OF INJUI			5 Residence	8 U Other (Specify) 28d. DESCRIBE NOW IN	LILIEW OCC	11050
	Netural 5 Pending (Month, Day, Yes		URY WO	RK?	200. DESCRIBE NOW IN	JUNT OCC	DRED
à	2 Accident Investigation	IPV At home town					
	3 Suicide 8 Could not be 4 Nomicide determined	JRY — At home, term, a Specify)	areet, ractory, ome	'	28f. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Number,
ᇤ							
립	29a. CERTIFIER (Check only 1) DERTIFYING PHYSICIAN: To the best of my ki	lowledge, death occurre	d at the time, date	and place, and due	to the cause(a) and man	ner ea state	id.
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examina	ntion and/or investigation	n, In my opinion, d	eath occured at the	time, data and place, end	due to the	cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	RED T	20d DATE	SIGNED (Month, Day, Year)
띪	Dal P. Word	11HA an)	TUI	16646	► 1</td <td>MONED (MORIT, Day, 1981)</td>	MONED (MORIT, Day, 1981)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEM 27 /7==	Print)	JUL	LUOTU	-01	11/93
	Dain Herry An	AL A T	11	i H	0 / 10	A 3 B	10 c. Balonico
12	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S		ohus It	gkur Ho	Spilat 600	N. W.	olcest horizon
		Con-Mandell		-			
~	100 1000						

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-18 Rev 1/89

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	1 - STATE REGISTRAR	SIAIE UF M	AKYLAND / DEPA CERTI					IENTAL HYGIENI REG. NO.	Ε '	20 64101
	1. DECEDENT'S NAME (First, Middle, Last)						T	2. DATE OF OEATH		3. TIME OF DEATH
	JOHN LAWREN	ICE .	OLSON					8 1		3 11:55 P M
	02/ 20 1112		6. AGE (In yrs. last birthda	MONTHS	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
		M 2 □ F	69 YRS					12/12/23		WEST VIRGINIA
œ	9a. FACILITY NAME (If not institution, give stree VA MEDICAL CENTER	t and number)			Y, TOWN O			тн	9c. COUNTY	
6	RESIDENCE OF DECEDENT			FU.	RT HO	WARL)		BA	LTIMORE
DIRECTOR	10a. STATE 10b. COUNTY		10c, C	ITY, TOWN	OR LOCAT	ION	Duki	חווע		10d. INSIDE CITY
	MARYLAND BALTI	MORE			00.00		VUIN	DALK		1 TES 2 THE NO
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
N	7408 HOLABIRD AVENU		EVER IN U.S. ARMED			212	C. Dront Bank		ŲS	
F	1 Never Married 2 Married		X YES 2 NO	13.	If yes, spe	city Cuba	n, Mexican,	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No— 14	. RACE - American Indian, Black, White, atc.
В	3 Wildowed 4 Divorced	WW II			1 YES	2 X NO	Specify:			Specify: WHITE
밀	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON	18a. DECEDENT	f work done	during mos	N at of workin	a	16b. KIND OF BUS	INESS/INDUS	
7		College (1-4 or 5+)	We Do MOT	use retired.))		-	PETILIFI	ITH OT	TTI OADD
COMPLETED	12TH GRADE		MATHIE	WANCE	- WILL			E (First, Middle, Maiden 3		EEL CORP.
Ö	JOHN BROWN						IA OL		Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	IG ADDRES	S (Street ar			ute Number, City or Town	, State, Zip Co	ode)
۲	JOHN L. OLSON, JR.		653	34 RO.	SEMON	IT AU	Æ.	BALTIMORE,	MARY	LAND 21206
	20a METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Remova	I Irom State	20b. PLACE AND DAT cemetery, crematory of	other place	1			1		or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICEN:	SEE	I GARRISON	FOR	EST D	ADDRES	CEM.	8/19/93 (WINGS	MILL, MD
	Mari	5/11) X	1	DUDA-	RUCK	FUN	ERAL HOME	OF DU	NDALK, INC.
-	23. PART I. Enter the diseases, or com	anilostinas that	payment the death. De		7922	WTSF	AUF	DUNDAIK	MAR	VIAND 21222
	ehock, or heart fallure. Lie	t Dnly Dne ceus	e on each line.	TIDE OTTO	i tile illoc	e Di dyi	ng, such	au cerdiec or respir	atory errest	Approximete Interval Batween Onset and Death
	disease or condition	CEREBRO	VASCULAR A	CCTDF	ONT					
		DUE TO (OR AS A CONSEQUENCE	DF):						
0 N	Sequentially list conditions, b	DUE TO (OR AS A CONSEQUENCE	OFI:						
S	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			ľ						į
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):						
CERTIFICATION	d									
	PART II. Other significent conditions of	ontributing to d	leath but not resulting	in the u	nderiying	ceuse g	iven in P			24b. WERE AUTOPSY FINDINGS
JICAL	DIABETES MELLITUS							PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE I	HYPERTENSION							_		OF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN: MED			-							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V 1 YES 2/\(\Sigma\) NO 11	OSPITAL:		OTHE		ICE OF DE	ATH (Chec	k only one)		
IXSI	1 YES 2/NO 1	□XInpatlant 2 □	ER/Outpatient 3 🗆 DOA	4 🗆 Nu	rsing Home		idence 8	Other (Specify)		
	1 X Natural 5 Pending	28a. DATE OF II (Month, Day		ME OF NJURY	28c. INJU WOR	RK?		28d. DESCRIBE HOW IN	JURY OCCUR	ED
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At home, larm	, street, lac		ES 2		28I. LOCATION (Street at	nd Number or I	Rural Bruta Number
COMPLETED	4 Homicide determined	building, at	tc. (Specify)					City or Town, State)		was noute reamon,
٦ ا	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of n	ny knowledge, dasth occu	rred at the t	time, data a	and place,	and due to	the cause(a) and many	ner an stated.	
No.										suse(a) and manner as stated.
BEC	296. GIGNATURE AND TITLE OF CERTIFIER	Rosa	MAIN		T,		NSE NUMB	ER	29d. DATE S	GNED (Month, Day, Year)
5 6	1// aicid 7	serve				126	39		8	14193
5	30. NAME AND ADDRESS OF PERSON WHO CO									
+	MARCIA KANE, M.D	VA MEDIO	CAL CENTER,	FOR	HOW 1	ARD,	MAR'	YI AND 2105	2	
1	AUG 19 1993	who David	'S SIGNATURE							

1. 14. 14

be notified at

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examiner

the

item 23 shows any injury, or other

29b. SIGNATURE AND TITLE OF CERTIFIER

ARTHUR SERPICK, MD

31. DATE FILED (Month, Day, Year) AUG 1 9 1993

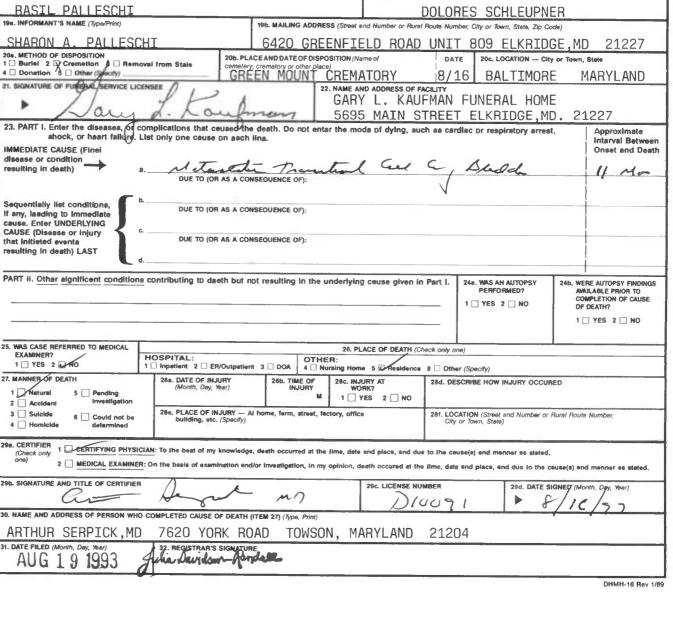
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Ψ	P Pe	PE
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 24 162 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR JOHN MICHAEL PALLESCHT 10:53 PM AUG. 13 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign Country) 1 UM 2 UF MONTHS DAYS HOURS MIN YRS. 9a. FACILITY NAME (If not institution, give street and number) SFPT 4 1941 MARYLAND. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6420 CREENETELD ROAD UNIT 809 **ELKRIDGE HOWARD** 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYL AND HOWARD 1 - YES 2 X NO <u>ELKRIDGE</u> FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6420 GREENFIELD ROAD UNIT 809 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried ВУ 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) TECHNICIAN BG & E 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BASIL PALLESCHI BE **DOLORES SCHLEUPNER** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6420 GREENFIELD ROAD UNIT 809 ELKRIDGE, MD SHARON A PALLESCHT 21227 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremetion Removal from Stale
4 Donation 8 Commer(Specify)
21. SIGNATURE OF FUNDAL SERVICE LICENSEE 20c. LOCATION — City or Town, State DATE emetery, crematory or other pla GREEN MOUNT <u> CREMATORY</u> 8/16 BALTIMORE MARYLAND 22. NAME AND ADDRESS OF FACILITY GARY L. KAUFMAN FUNERAL HOME an 5695 MAIN STREET ELKRIDGE, MD. 21227 23. PART I. Enter the diseases, of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. **Approximate** Interval Retween **IMMEDIATE CAUSE (Finei** Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): Trans resulting in death) Mo PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 AO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26h TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.



GMN

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - STATE

	REGISTRAR		U	ERITIC	AIE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	0					2. DATE O	F DEATH DAY	Ve	3. T	TIME OF DEATH
	Timothy	Mo	Cov		Palme	r sr	08		1993		5:37
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HR	_				CE (State or Forei
		1 😿 M 2 🗆 F	32		NTHS DAYS	HOURS MH	N. (Month,	Day, Year)	(Country)	
	225-02-1587		32					27/196			OLK, V
	Sa. FACILITY NAME (If not institution, give	98	. CITY, TOWN	OR LOCATION O	F DEATH		9c. COUNTY	OF DEATH			
СТОВ	9421 Largo D		Cani	tol He	eights		Prin	CP C	George		
5	9421 Largo D		Capi	COL HE	CIGILLS		LTTII	ce c	eorge		
E	10e. STATE 10b. COUR	ITY		10c. CITY, T	OWN OR LOCA	TION				10d	. INSIDE CITY
5	VIRGINIA			CI	FFDLE	7				1.5	LIMITS?
	10e STREET AND NUMBER			1 50		H. ZIP CODE			40-0		YES 2 YN
RAL					10	. AIF CODE			10g. CITIZEN	UP WHAT	COUNTRY?
ÉB	261 PINE STRE	ET				2343	4		U	SA	
FUN	11. MARITAL STATUS	12. WAS DECEDER	TEVER IN U.S. A		13. WAS DE	CENDENT OF HIS	SPANIC ORIGIN?	(Specify Yes o	r No — 14.	RACE - /	Americen Indian,
	1 Never Married 2 Married		MAR OR DATES	INO		NO Sp		can, etc.)		Specify:	irte, etc.
ВУ	3 Widowed 4 Divorced					VX					Black
8	15, DECEDENT'S E		16a. D	ECEDENT'S US	JAL OCCUPATI	ON	16b. I	UND OF BUSIN	NESS/INDUST	TRY	
E	(Specify only highest gra			Give kind of work e. Do NOT use re	done during me tired.)	ost of working			- Interested		
- 1	Elementary/Secondary (0-12)	College (1-4 or 5	+) "	Weldi			Br	ocks	Weld	ing	Co.
E	12th			nelul	119						
COMP	17. FATHER'S NAME (First, Middle, Last)		1			18. MOTHER'S	NAME (First, Mi	ddle, Maiden St	umame)		
BE 0	WILLIAM E. PA	LMER				JEAT	N BUTI	ER			
	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING AD	DRESS /Street	and Number or Ru			State Zin Cov	del	
임											
	RENEE PALMERY			261 PI			SUFF	LK, Y	VA	234:	34
	20e. METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Re	moval from State		AND DATE OF C		ame of	OATE	20c. LOCA	ATION — City	or Town,	State
	4 Donation S Other (Specify)		Cars	TOY Mo	mori-	1 Cem	0+4	Suff	FO14	Vi.	rginia
	21. BIONATURE OF FUNERAL BERVICE	LICHNISEE		A ME	22. NAME A	ND ADDRESS OF					
	×100011		. 1 . 1			O D		SON			HOME
	NULOW	UID	1109	A	4600	LIBER'	TY HET	GHTS	AVEN	UE	21207
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	C	OR AS A CONSI								
0	resulting in death) LAST PART II. Other significant conditions	d	death but not	resulting in t	he underlyln	ig ceuse given	in Part I.	14a, WAS AN AI		24b. WEF	RE AUTOPSY FINO
EDICAL								PERFORM		CON	ILABLE PRIOR TO IPLETION OF CAL DEATH?
											YES 2 NO
Σ											,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	HOSPITAL:		100	26. P	LACE OF DEATH	(Check only one)				
S	1 XYES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA 4	Nursing Hon	ne 5 🗆 Residen	nce of Other	Specify) N	1otel		
E	27. MANNER OF OEATH	28e. DATE OF		28b. TIME O		JURY AT	28d. OE\$C	RIBE HOW INJ	JURY OCCUR	ED	
	1 🔀 Natural 5 🗌 Pending	(Month, I	rey, rear)	INJUR		ORK? YES 2 NO					
B	2 Accident Investigation		TE IN HIEV AL	ome for the				10M /0	el Atronofo	D	Atro-A
8	3 Suicide 8 Could not b	building	OF INJURY — At h , atc. (Specify)	viile, 12/111, \$1/84	n, rectory, offic	70		TON (Street and Town, State)	a Number or F	sural Floute	Number,
	4 Homicide determined										
۳	29a. CERTIFIER	(SICIAN: To the heat a	I mu knowledge	anth annual -	the time di	and aless and	due to the co	(a) and -::			
MPLET	and a	SICIAN: To the best o									
8	MEDICAL EXAMI	NER: On the beels of a	examination end/or	investigation, is	n my opinion,	death occured at	the time, date a	nd place, and	due to the ca	iuse(a) and	menner ee stat
	295. SIGNATURE AND TITLE OF CERTIF	IER /				29c, LICENSE	NUMBER	T.	29d. DATE SI	GNED (Ma	oth Day Yearl
BE	()(1.	Lako	MA			The second of			The same of the same		
2	Valo-	- W- ICE	1			0.C	.M.E.		08	/17/	1993
F	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type, Pri	nt)						
	_ // /	SYCE, A	ND 11	Denn	Stre	et R	altimo	re N	(arv)	and	2120
	JUARON U	32 REGISTR		L Penn	Stre	et, B	altimo	re, N	Maryl	and	2120
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		Stre	et, Ba	altimo	re, N	Maryl	and	2120
	JUARON U	32. REGISTR			Stre	eet, Ba	altimo	re, M	Maryl	and	2120

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	permit.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, Las	st)						2, DATE OF	DEATH DA	v v	EAR	3. TIME OF DEATN
	Katherine M	agdalene	Packard					8	1		3	11:55 P. M
	4. SOCIAL SECURITY NUMBER 233-26-1302	5. SEX 1 M 23/23/F	6. AGE (in yrs. las	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		8.	Count	PLACE (State or Foreign y) Maryland
	9a. FACILITY NAME (If not institution, give	re street and number)			9b. CITY	r, TOWN	OR LOCATION OF D		710	9c. COUNTY	_	
DIRECTOR	315 Valley Cour	t Road				Tin	onium			Balt	.0.	
E I	10a. STATE 10b. COU			10c. CI	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
		Balto.			Timo	_			77			LIMITS? 1 YES 2
¥	10e. STREET AND NUMBER					10	f. ZIP CODE		200	10g. CITIZEN	OF	VHAT COUNTRY?
E I	315 Valley Cour						21093		127	U.S	.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 IN WAR OR DATES			If yes, sp	CENDENT OF NISPAI pecify Cuban, Maxica 3 2 NO Specif	en, Puerto Rica	Specify Yea on, etc.)	or No— 14.	Spec	
	15. DECEDENT'S E	DUCATION		OCOCNITIO	USUAL O	COLIDATI		T			_	hite
Ľ۱	(Specify only highest gr	ede completed)	(G	ive kind of	work done	during me	ost of working	160, KJ	ND OF BUS	INESS/INOUS	IRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		ol T		er	E	Balto	. Co.	Sc	hools
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	ME (First, Midd	fle, Maiden :	Surname)		
BE C	Frank Baker						Edi	th Co	ollin	s		
P P	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	\$ (Street	and Number or Rural	Route Number,	City or Town	, State, Zip Co	de)	
F	Sara Packar	d	9	385	S.W.	Dow	ming Dri	ve- Be	eaver	ton, C	re	gon 97005
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ R	amovel from State	20b. PLACE	matory or	other place!			DATE	20c. LOC	CATION — City	or To	wn, Stata
	4 Donation 5 Other (Specify)	1 .	Wood	lawn	Cem	eter	y 8/20/9		Balt	o. Md.		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1/		22.	NAME A	ND ADDRESS OF FA	1050 Y	70rk	וכ הם	20	1
	Kondd C	book .	the		D	nak	Towson F					4
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	OUENCE C	DF):	en	- (Un	knon	~~	lidoz	フ	Onset and Death
	PART ii. Other significent condit	iona contributing to	o deeth but not r	reauiting	in the u	nderiyin	g ceuse given in		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	1										
PHYSICIAN:	EXAMINER?	HOSPITAL:	100 × 10	_	OTHE	R:	LACE OF DEATH (Ch					
<u>¥</u>	27. MANNER OF DEATN	28a. DATE O	ER/Outpatient 3	28b. TIR			JURY AT		,	JURY OCCUR	50	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN	JURY M		ORK?	288. DESCH	IBE NOW IF	JURY OCCUP	ED	
	3 Suicide 8 Could not 8	OF INJURY — At he i, atc. (Specify)	ime, term,	street, fac	tory, offic	20		ON (Street a fown, State)	nd Number or	Rural i	Route Number,	
COMPLETED	onni	YSICIAN: To the best of									ause(i	ı) end manner as stated.
BE	29b. SIGNATURE AND THE OF CERTIFICATION	elon	>				29c. LICENSE NUI	MBER .C	/			(Month, Day, Year) St 18, 1993
5	30. NAME AND ADDRESS OF PERSON					ito	320 2100	33		-83	5	
2	Anthony Serafis 31. DATE FILED (Month, Day, Year) AUG 19 1993	32. REGISTR	AR'S SIGNATURE		Su	rte	32C 2109	7.3	0	7		
0		Jane Du	Many Mayle	456								

TIMORE, MARYLAND 21215-0020

Page 6 may be retained by the hospital or attending property.

BAL	ter death	the fune	екап
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam
		y fille	the
,00	d within	ompletel I, crema	event,
X 08	execute	to buria	matic
Š	te be	sicla	tra
5	certifica	ling phy ygiene	other
7	ath	tend tal H	0 '
J V	the de	y the a	Injun
5	that	th ar	amy
7	requires	en sign	shows
Į	A.P.	Dept.	23
=	N: The	State I	Hem
_	SICIA	certil	0
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	IG PHYS	ath with	narked
2	NON	A: Att	20
2	ATTE	CTO	28
5	DA	DIRE	F
	MIA	PAI 2	킖
	HOSE	FUNE	TAN
	王	THE	2
	2	23	Ξ

31. DATE FILED (Month, Day, Year) AUG 1 9 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IXEM 27) (Typo, Girin)
JOHNS (REP. N.I.N.S. ONCOLOGY COUNT) BY (Typo)

32. REGISTRAR'S SIGNATURE

ij.	OECEDENT'S NAME (First, I SOCIAL SECURITY NUMBER	A	NTHONY		IELSK:				MONT 8	12	9	EAR 3	TIME OF DEATH
	214-56-6286		5. SEX 1 X M 2 D F		rrs. lest birthdey)	MONTHS DAYS	-	MIN.	7. DATE	Dev. Year)		OLLA	ND
TOR	9s. FACILITY NAME (If not institution, give street and number) 6603 HARTWAIT AVENUE RESIDENCE OF DECEDENT					96. CITY, TOWN			ATH	9c.	COUNTY	OF DEAT	'H
AL DIRECTO		10b. COUNT	Y			LTIMO	RE					1	d. INSIDE CITY LIMITS? YES 2 1
ERAL	6603 HARTWAIT AVENUE						2122			10g	. CITIZEN	OF WHA	T COUNTRY?
TO BE COMPLETED BY FUNI	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce	farried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 XNO	If yes,	ECENDENT Coperation of the control of the coperation of the copera	ın, Mexicai	n, Puerto	f? (Specify Yes or Ne Rican, etc.)	0- 14.	RACE - Black, W Specify: WHI	American Indian
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16	(Give kind of a	CEDENT'S USUAL OCCUPATION we kind of work done during most of working				. KIND OF BUSINES	S/INDUS	TRY		
	Elementary/Secondary (U-12) College (1-4 of 5+)		SELF	use retired.)			CLEANI	NG					
	17. FATHER'S NAME (First, Middle, Lest) STANISLAUS PODBIELSKI 16. MOTHER'S NAME (First, Middle, Melden Sumerne) MAGDALENA KOTOWSKA												
	199. INFORMANT'S NAME (TOTAL)		STEJACH	<						ber, City or Yown, Stat			224
	20g: METHOD OF DISPOSITIO	ON		20b. PL	ACEANDDATE	FDISPOSITION		7 4 17 14	DAT				
	4 Donation 5 Other (Specify) Cremation 5 Other (Specify) Compatible CEM. 8-16 BALTO. CO. MD.												
	ZII. SIGNATURE OF FOREIGNE	SENTICE LI				OO MARKE			ALL CHILD				
	23. PART I. Enter the dis	eases, for	complications the	M/ a	he deeth. Do r	120	1 DUI	NDAL	KA	NERAL H VENUE B	BALT	0.	
	23. PART I. Enter the disphock, prince immediate Cause (Fina disease or condition resulting in death)	ert fellure.	complications the Liet only one cer	25 fat	he deeth. Do r	120 not enter the n	1 DUI	NDAL	K A	VENUE B	BALT	0.	Approxima Intervai Be
ATION	iMMEDIATE CAUSE (Fine	ort fellure.	complications the Liet only one cet	25 tot	iline.	120 not enter the n	1 DUI	NDAL	K A	VENUE B	BALT	0.	Approxima Intervai Be
ERTIFICATION	iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediate.	ort fellure.	complications the Liet only one cet a.	O OR AS A CO	ONSEQUENCE OF	120 not enter the n	1 DUI	NDAL	K A	VENUE B	BALT	0.	Approxima Interval Be
DICAL CERTIFI	immediate cause (Fine disease or condition resulting in death) Sequentielly list condition if any, leading to immedicuse. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	ons, late	a. DUE TO DUE TO DUE TO	O OR AS A CO	CONSEQUENCE OF	120 not enter the n	1 DUI	NDAL ing, suct	K A a can	VENUE B	AL Ty arrest	24b. Wi	Approxima Interval Be Onset and 5, 5
: MEDICAL CERTIFI	#hock, or he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediately. CAUSE (Disease or Injuritat Initiated events resulting in death) LAST	ons, late	a. DUE TO DUE TO DUE TO	O OR AS A CO	CONSEQUENCE OF	120 not enter the n	1 DUI	NDAL ing, suct	K A a can	VENUE B diac or reapirator	AL Ty arrest	24b. Will AM CC OF	Approximatinterval Be Onset and 5, 5 cm. See Autopsy Fin Allable PRIOR 1 MRUETTON DF CATTER CONTRACT C
AN: MEDICAL CERTIFI	#hock, or he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediately. CAUSE (Disease or Injuritat Initiated events resulting in death) LAST	ons, late	a. M 2 t (DUE TO b. DUE TO c. DUE TO d	O OR AS A CO	CONSEQUENCE OF	120 not enter the n 0 RCC	1 DUI	ND AL	Part I.	VENUE B diac or reapirator 24e. WAS AN AUTO PERFORMED 1 YES 2 N	AL Ty arrest	24b. Will AM CC OF	Approximatinterval Be Onset and 5, 5 cm. See Autopsy Fin Allable PRIOR 1 MRUETTON DF CATTER CONTRACT C
YSICIAN: MEDICAL CERTIFI	Shock, or he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injunthat initiated events resulting in death) LAST PART II. Other significant causes are suiting in death.	ons, late	Complications the Liet only one certain DUE TO DUE TO DUE TO d	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	DNSEQUENCE OF	120 not enter the n 0 Rec 7: in the underly 26. OTHER: 4 □ Nursing H	1 DUI	ND AL ing, such	Part I.	VENUE B diac or respirator 24a. WAS AN AUTO PERFORMED 1 VES 2 N	PPSY	24b. Will AM CCC OF	Approximatinterval Bei Onset and 5, 5
PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injunitiat Initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	ons, late in the condition of the condit	Complications the Liet only one certain DUE TO DUE TO DUE TO d	O OR AS A CO O OR AS A CO O OR AS A CO O OR AS A CO O OR AS A CO O OR AS A CO O OR AS A CO O OR AS A CO	DISEQUENCE OF THE PROPERTY OF	120 not enter the n RCC 7: 7: 7: 7: 7: 7: 7: 7: 8 OTHER: 4 Nursing H E OF 28c. UNY	1 DUI	ND AL ing, such CQ given in	Part I.	VENUE B diac or reapirator 24a. WAS AN AUTO PERFORMED 1 YES 2 N	PPSY	24b. Will AM CCC OF	Approximatinterval Be Onset and 5, 5 cm. See Autopsy Fin Allable PRIOR 1 MRUETTON DF CATTER CONTRACT C
ED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurt that Initiated events resulting in death) LAST PART II. Other algnificant in the condition of th	ons, late IG y MEDICAL	DUE TO DUE TO	O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC) O (OR AS A CC)	DNSEQUENCE OF DN	120 PCC The state of the state	TOUI TOUI	ND AL ing, such CQ given in	Part I.	VENUE B diac or respirator 24a. WAS AN AUTO PERFORMED 1 VES 2 N	PPSY 7	24b, Wf AM CC CC OF 1	Approxima Interval Be Onset and 5, 5
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4 7	1. DECEDENT'S NAME (First, Middle, Last		Phipp	5		2. DATE OF DEATH	16 1993	8:20 A
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)			7. DATE OF BIRTH	A BIG	STHEL ACE (State or E
	220-01-5163	1XXM 2 F 7	4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	918 B	alto., MD
_	9a. FACILITY NAME (If not institution, give	/			OR LOCATION OF		9c. COUNTY OF	
CTOR	Francis Scott Key Medical Center Baltimore City							
m l	10a. STATE 10b. COUN	ту	t0c. CIT	TY, TOWN OR LOC	ATION			tod. INSIDE CITY
DIR	Maryland	Baltimore			Du	ndalk		1 YES 2
ERAL	100. STREET AND NUMBER 7009 East Balti	more Street		1	Of, ZIP CODE	21224		ted State
BY FUN	11. MARITAL STATUS 1 Never Married	12. WAS DECEDENT EVER II FORCES? 1 X XYES IF YES, GIVE WAR OR D.	2 NO	If yes, r		NIC ORIGIN? (Specify an, Puerto Rican, atc.)	B	ACE — American Indi lack, Whita, atc. pec/ly:
E	t5. DECEDENT'S ED (Specify only highest grad			S USUAL OCCUPAT		t6b. KIND OF E	BUSINESS/INDUSTRY	Whit
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	ise retired.)	iosi or working	2		
OMPL	12th Grade. 17. FATNER'S NAME (First, Middle, Last)		Fland	ze Mill				rel Corp.
0	John Phipps				The second second	AME (First, Middle, Meid	en Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		e Leonard Route Number, City or 1	fown, State, Zip Codel	
2	Mrs. Ruth J. Ph	ipps				Street 1		
	20a. METHOD OF DISPOSITION 1'El Burlal 2 Cremation 3 Re	206	PLACE AND DATE	OF DISPOSITION /			LOCATION — City or	
	4 Donation 5 Other (Specify)	G	actery, crematory or acceptance of the acceptanc	torest		.8/19/93	Owings 1	lill. MD
	21. SIGNATURE OF PUNERAL SERVICE L	JCENSEE (Duda	AND ADDRESS OF F	Notal Home	o of Dune	talk. Inc
	Assegon	2.100		Duda→Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222				
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	COAGU	CONSEQUENCE CONSEQUENCE CO	en in	determina	te		
E	that initiated events resulting in death) LAST	Histor	us of on		new Island	L Vascula	y dreese	720
EDICAL CERTI				rutie		Part I, 24e. WAS		24b. WERE AUTOPSY I
MEDICAL CERTI	resulting in death) LAST			rutie		Part I, 24e. WAS	AN AUTOPSY 2	24b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTI	PART II. Other algnificant conditions to the second	ona contributing to death b		in the undariyi		Part I, 24e. WAS. PERF t YES	AN AUTOPSY 2	24b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTI	PART II. Other significant condition		ut not resulting	in the undariyi	ng cause given in	Part I, 24e. WAS. PERF t YES	AN AUTOPSY 2	24b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?
EDICAL CERTI	PART II. Other algnificant conditions and the second secon	ena contributing to death b	out not resulting	in the undariyi	ng cause given in	Part I. 24e. WAS PERF t YES heck only one)	AN AUTOPSY 2	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2
MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	HOSPITAL: Impetient 2 ER/Outs (Month, Dey, Yeer)	out not resulting	in the underlying the	PLACE OF DEATN (Come 5 Residence NURY AT VES 2 NO	t VES heck only one) 6 Other (Specily) 28d. OESCRIBE NO	AN AUTOPSY COMMEO? 2 NO W INJURY OCCUREO	24b. WERE AUTOPSY (AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2
ED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	HOSPITAL: 1 inputent 2 ER/Outs (Month, Day, Year)	patient 3 DOA 28b. Til	in the underlying the	PLACE OF DEATN (Come 5 Residence NURY AT VES 2 NO	t VES heck only one) 6 Other (Specily) 28d. OESCRIBE NO	AN AUTOPSY CORMEO? 2 NO W INJURY OCCUREO	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? t YES 2
ETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 8 Could not by distermined	HOSPITAL: Impetent 2 ER/Outs (Month, Dey, Yeer) 28e. PLACE OF INJURY building, etc. (Special Control of the	bettent 3 DOA 28b. Til	in the undariyi	PLACE OF DEATN (Come 5 Residence NJURY AT YORK? YES 2 NO	t YES Part I, 24a. WAS PERF	AN AUTOPSY COMMEO? 2 □ NO W INJURY OCCUREO wet and Number or Rur are)	24b. WERE AUTOPSY: AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2
MPLETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not but determined 29a. CERTIFIER (Check only) 20a. CERTIFIER (Check only) CERTIFYING PHY	HOSPITAL: Impetent 2 ER/Outs 28e. DATE OF INJURY (Month, Dey, Yeer) 28e. PLACE OF INJURY building, etc. (Special Control of the Best of my known second or s	patient 3 DOA 28b. Till IN 2 DOA 18b. Till IN 2 DOA	in the undariying the	PLACE OF DEATN (Come 5 Residence NJURY AT VORK? YES 2 NO lice	t YES heck only one) 6 Other (Specify) 28d. OESCRIBE NO 28f. LOCATION (Stre-City or Town, Ste	AN AUTOPSY COMMEO? 2 □ NO W INJURY OCCUREO ret and Number or Rur menner as stated.	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2 Trail Route Number.
COMPLETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VYES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be different different pending Investigation one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: Impatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special SICIAN: To the best of my know	patient 3 DOA 28b. Till IN	in the undariyi	PLACE OF DEATN (Come 5 Residence NJURY AT ORICE To and place, and du death occured at the	t YES beck only one) 6 Other (Specify) 28d. OESCRIBE NOn City or Town, Ste t to the cause(s) and re e time, data and place,	AN AUTOPSY CORMEO? 2 NO W INJURY OCCUREO Well and Number or Rur Tale) manner as stated. and dua to the ceus	24b. WERE AUTOPSY! AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2 rel Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not but determined 29a. CERTIFIER (Check only) 20a. CERTIFIER (Check only) CERTIFYING PHY	HOSPITAL: Impatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Sicial S	patient 3 DOA 28b. Till IN	in the undariying the	PLACE OF DEATN (Come 5 Residence NJURY AT VORK? YES 2 NO lice	t YES beck only one) 6 Other (Specify) 28d. OESCRIBE NOn City or Town, Ste t to the cause(s) and re e time, data and place,	AN AUTOPSY CORMEO? 2 NO W INJURY OCCUREO Well and Number or Rur Tale) manner as stated. and dua to the ceus	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VYES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be different different pending Investigation one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DAME FEED CAUSE OF STATE OF ST	patient 3 DOA 28b. Til IN 28b.	in the undariying in the undar	PLACE OF DEATN (Come 5 - Residence NUMBY AT YORK? YES 2 NO lice te and place, and du death occured at the	Part I. 24e. WAS PERF t YES heck only one) 6 Other (Specify) 28d. OESCRIBE NOT City or Town, State to the cause(s) and retime, data and place, IMBER	AN AUTOPSY CORMEO? 2 NO W INJURY OCCUREO The and Number or Rur The and dua to the ceus 29d, DATE SIGN 29d, DATE SIGN	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Suicide B Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFI	PINAL: Imperient 2 ER/Outs	patient 3 DOA 28b. Til IN 28b.	in the undariying in the undar	PLACE OF DEATN (Come 5 - Residence NUMBY AT YORK? YES 2 NO lice te and place, and du death occured at the	Part I. 24e. WAS PERF t YES heck only one) 6 Other (Specify) 28d. OESCRIBE NOT City or Town, State to the cause(s) and retime, data and place, IMBER	AN AUTOPSY CORMEO? 2 NO W INJURY OCCUREO The and Number or Rur The and dua to the ceus 29d, DATE SIGN 29d, DATE SIGN	24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 Trail Route Number. PED (Month, Day, Year 16 7 3

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

REGISTRAR			CATE O		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D			3. TIME OF DEATN
EDWARD RUSZKIEWIC	Z					. 1993	YEAR 3	M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Country	PLACE (Stata or Foreign
216-10-0970	1.XXM 2 F	76 yrs.	DAYS	HOURS MIN.	OCTOBER 2	2.19		LTIMORE, MD
9a. FACILITY NAME (If not institution, give str	·	9	b. CITY, TOWN	OR LOCATION OF DI			NTY OF D	
603 S. ANN STREET	, APT.#619		BALT 1	MORE				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CITY T	TOWN OR LOC	ATION				
MARYLAND			TIMORI				ı	10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER				IOI, ZIP CODE		40- 017	175N OF N	1X YES 2 NO
603 SOUTH ANN STR	EET, APT.#6	19		21231		USA		HAI COUNTRY?
11. MARITAL STATUS 1 Never Married 2XXMarried	12. WAS DECEDENT EVER FORCES? 1 X YES	S 2 NO	13. WAS DI	ECENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No—	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR 11/17/43-12	DATES WW2		S 2XXNO Specif			Specif	
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S US			16b. KIND OF BU	SINESS/INI	DUSTRY	WIII
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during i atired.)	nost of working				
		LONG SHOR	ESMAN		SHIPPIN	IG		
17. FATHER'S NAME (First, Middle, Last)	7				ME (First, Middle, Maiden	Surname)		
JOSEPH RUSZKIEWIC	4				INE BYSTRY			
19e. INFORMANT'S NAME (Type/Print)		ı			Route Number, City or Tow			
DEBBIE RUSZKIEWIC					ALTIMORE,			
20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ramo	val from State 21	b. PLACE AND DATE OF Demetery, crematory or other	DISPOSITION (Name of		CATION —	City or To	vn, State
4 Donation 5 Other (Specify) 21. SIGNADURE OF FUNERAL SERVICE LICE		emetery, crematory or other DAK LAWN CI				LTIM	ORE,	MD
	m ~0			J. WEBER	FUNERAL H	OME		
Margell	MINE	2	401 S	OUTH CHES	TER STREET	,BAL	TIMO	RE, MD 21231
23. PART I. Enter the diseases, or co shock, or head failure. L	emplications that ceus	ed the deeth. Do not	enter the m	ode of dying, auc	n es cerdiac or reapl	ratory ar	rest,	Approximate
IMMEDIATE CAUSE (Finel	,	Carrier.						Onset and Death
disease or condition resulting in death)	HYPERTENSIV	E AND ARTE	RIOSCI	LEROTIC CA	ARDIOVASCU:	LAR I	DISEA	SE YEARS
	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions, b.	DUE TO OR AS	A COMPEGUITMOT OF						
if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	DUE TO (OR AS A CONSEQUENCE OF):						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST								Ì
DART II ON THE III								
PART ii. Other significant conditions OLD LEFT HEMT		but not resulting in t	the underlyl	ng ceuse given in	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
OLD LEFT HEMI	PARESIS				1 YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
	HOSPITAL:	0	THEO.	PLACE OF DEATH (Ch				
EXAMINER? 1 YES 2 X NO	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	THER:	me 5 X Residence	6 Other (Specify)			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN		tpatient 3 DOA 4	THER: Nursing Ho F 28c. If	me 5 A Residence		NJURY OC	CURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	THER: Nursing Ho F 28c. If Y W M 1	me 5 X Residence NJURY AT YORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	repatient 3 DOA 4 26b. TIME 0 INJURY At home, farm, street	THER: Nursing Ho F 28c. If Y W M 1	me 5 X Residence NJURY AT YORK? YES 2 NO	6 Other (Specify)			oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	1 Inpetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp	tpatient 3 DOA 4 (28b. TIME 0 INJURY At home, farm, streecity)	THER: Nursing Ho F 28c. If Y W M 1 et, tectory, off	me 5 X Residence JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)	and Number	r or Rural Ri	oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	1 Inpetient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp	tpatient 3 DOA 4 (28b. TiME 0 INJURY At home, farm, streecity)	THER: Nursing Ho Nursing H	me 5 % Residence JURY AT YORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar	and Number	or Rural Ruted.	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFIER PHYSICI	1 Inpetient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp	tpatient 3 DOA 4 (28b. TiME 0 INJURY At home, farm, streecity)	THER: Nursing Ho Nursing H	me 5 % Residence MURY AT VORK? YES 2 NO Ice Ite end place, and due death occured at the	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar time, date and place, and	nd Number	r or Rural Ri	and manner as stated,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	1 Inpetient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp	tpatient 3 DOA 4 (28b. TiME 0 INJURY At home, farm, streecity)	THER: Nursing Ho Nursing H	me 5 % Residence JURY AT YORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar time, date and place, and	nd Number	r or Rural Ri	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Sp IAN: To the best of my kno : On the bests of examinati	ripatient 3 DOA 4 28b. TIME 0 INJURY At home, farm, streecity) wiedge, death occurred a ion and/or investigation, is	THER: Nursing Ho F Y M 1 et, tactory, off at the time, da in my opinion,	me 5 % Residence MURY AT VORK? YES 2 NO Ice Ite end place, and due death occured at the	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar time, date and place, and	nd Number	r or Rural Ri	and manner as stated,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Sp IAN: To the best of my kno On the besia of examinati	At home, farm, streedly) At home, farm, streedly) Wedge, death occurred a lon and/or investigation, is least in the farm of	THER: Nursing Ho F Y M 1 et, tectory, off at the time, da in my opinion,	JURY AT ORK? YES 2 NO Ice le end place, and due death occured at the	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar time, data and place, an	nd Number	r or Rural Ri	and manner as stated,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Sp. 1AN: To the best of my kno con the best of examinating the completed cause of p. VA MED I	At home, farm, streed on and/or investigation, is the farm (ITEM 27) (Type, Prical CAL CENTER)	THER: Nursing Ho Y M 1 et, tactory, off at the time, da in my opinion, The time of the time of	JURY AT ORK? YES 2 NO Ice le end place, and due death occured at the	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and mar time, data and place, an	nd Number	r or Rural Ri	and manner as stated,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



FOR

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO		
U.	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
ľ	Martha J. Kob	in son		August 14	1 1993	825 A W
_			NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	343-12-6085 10H2XF	7/ YRS. MONT	HB DAYS HOURS MIN.	(Month, Day, Year)	3 (Cou	M155.
R	DSECH Kitchie	9b.	CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	
2	RESIDENCE OF DECEDENT		ROCTIO			
DIRECTOR	10a. STATE 10b. COUNTY	10c. 9757, TO	NN OR LOCATION			10d. INSIDE CITY LIMITS?
	10g, STREET AND NUMBER	D	110			1 YES 2 NO
FUNERAL	24 F Beechfield	L Ave	21229		10g. CITIZEN OF	S . A .
	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Ouban, Mexics 1 — YES 2 N NO Specif	in, Puerto Rican, etc.)	Bla	CE — American Indien, ick, White, etc.
D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUA	/\		SINESS/INDUSTRY	Black
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	one during most of working	100. KIND OF BO	314533/14003141	
7	375					
NO	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Melden	Sumama)	
BE C	Kice May		Ann	. 0	0000	
70	NFORMANT'S NAME (TYPOPTIN)	19b. MAILING ADDI	RESS (Street end Number or Rural	Route Number, City or Ton	rn, State, Zip Code)	21229
	200 METHOD OF DISPOSITION 1 Device 2 Cremetion 3 Removal from State	200 PLACE AND DATE OF DIS	POSITION (Name of	PATE 20c. LC	PORTION - City or	
	4 Donatis 6 Other (Specify)	Dery, chemetory or other of	atima Cem.	8/18/93	Dalto.	MD
	21. SIGN TURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY		
	perone A. In	MDSON JR	March F. 1	Ho West	1 ve	
	23. PART . Enter the diseases, or complications that c shock, or heart failure. List only one ceuse	used the death. Do not a	ntar the mode of dying, auc	h as cardiac or reap	Iretory arrest,	Approximate
	IMMEDIATE CAUSE (Final	on each iina.				Interval Between Onset and Death
	disease or condition resulting in death)	atic carcin	(man)			
		AS A CONSEQUENCE OF):	10 11 100)
Z	Sequentially list conditions,	Caranoma				lyan
Ĕ	if any, leading to immediate	AS A CONSEQUENCE OF):				
걸	CAUSE (Disease or injury					
Ē	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):				
CERTIFICATION	d					
7	PART ii. Other aignificent conditions contributing to de			Part i. 24a, WAS AN		Ib. WERE AUTOPSY FINDINGS
DICAL	obstructive inorate	y from re	etastases	PERFOI		AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEC		(1			M.	OF DEATH?
=						
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)		
Si	_ V NOSPITAL:		HER: Nursing Home 5 - Residence	8 Other (Specify)	tospice	
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF IN. (Month, Day,	URY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	
ВУ	Natural 5 Pending Investigation		I 1 YES 2 NO			
	3 Suicide 6 Could not be 28s. PLACE OF II	IJURY — At home, term, street, (Specify)	factory, office	281. LOCATION (Street Cify or Town, Steta)	and Number or Rura	Route Number,
	4 Homicide determined			,,,		
2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred at t	he time, date end place, end due	to the cause(e) and ma	nner es stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of exam					(s) and menner es stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)
BE	Vatharine S. Hawison	MD.	D357		► 8/1U	193
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)			0//	~
,	KATHARINE HARRISON JOSE	eph Pechey Hos	pice 820 N.	Eutard St.	Balt	10515 and
0	31. DATE FILED AUG TO 19 1993 32. REGISTRANS	ATGNATURE PONDAME			1 - 3 - 2 - 3	

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	Rose, Marie	rie Zulia	Rose	2. DATE OF DEATH DAY DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. / 242-46-2680 1 1 M 2 XF		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-28-32	BIRTHPLACE (State or Foreign Country) N. CAROLINA
OB B		rimore 1	3altimore		Y OF DEATN
DIRECTOR	10a, STATE 10b, COUNTY	10c. CITY, TO	OWN OR LOCATION		10d, INSIDE CITY
	mD baltimore	Bo	altimore		1 YES 2 NO
FUNERAL	6806 Townbra	ol Dr	101, ZIP CODE 2/2C	7 u	SA
B	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	res 2 NO	13. WAS DECENDENT OF NISPA 11 yes, specify Cuben, Maxic 1 YES 2 NO Specif	rr, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc. Specify: Black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/INDUS	STRY
COMPL	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S NA	ME (First, Middle, Malden Surname)	
BE	LEE WHITE 19a. INFORMANT'S NAME (Tope/Print)	10h MAU INC AD	CATHE	RINE Route Number, City or Town, State, Zip C	
2	EVIE WHITE		MAYFAIR ROAD		
	20e. METNOD OF AISPOSITION 1. Burlel 2 Commetton 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF D cemetery, crematory or other KING MEMO	place)	OATE 20c. LOCATION - CH	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	est		CLUTY ETT & SON FUN Y HEIGHTS AVE	VERAL HOME
	23. PART I. Enter the diseases, or complications that can back, or heart fellum. List only one cause of IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR	on each line.	enter the mode of dying, aud	replication or respiratory arrespondence of the company of the com	St, Approximate interval Between Onset and Death
HIIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):	re		
SER.	d				
EDICAL	PART II. Other algnificant conditions contributing to dee	th but not reaulting in t	he underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME				7 1 1 1 1 1 1 1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLACE OF DEATH (CH	eck only one)	
HYS	27. MANNER OF DEATH 28e. DATE OF INJU	Oulpetient 3 DOA 4 (Nursing Nome 5 Residence F 28c, INJURY AT	Other (Specify) 28d. OEŞCRIBE NOW INJURY OCCU	RED
84 1	1 Netural 5 Pending (Month, Day, 16		WORK? 1 YES 2 NO		
	3 Suicide 6 Could not be determined 28s. PLACE OF IN. building, etc.	IURY — At home, farm, stree (Specify)	it, factory, office	281. LOCATION (Street and Number of City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the best of my to MEOICAL EXAMINER: On the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of				
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER Showl 9750		29c. LICENSE NU	MBER 29d. DATE :	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F OEATN (ITEM 27) (Type, Prin	00)		
5	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	BIGNATURE	FIRST		
J 1	CINOUS CONTRACTOR				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

KORKA THEFT TO REPEAT
PAY BYREET WERENESS, Make

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

2 pe

notified at BE

CERTIFICATION

MEDICAL

PHYSICIAN: Item 23

BY

COMPLETED

BE

2

after death. Page 6 may be retained by the hospital or attending physician, by the funeral director, page 5 should be detached for use as the burial-fran BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified :
---	---

93 24170 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MARY RIDGELY 08 02h25p 217-38-31 7. DATE OF BIRTH (North, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 DF maryam 9c. COUNTY OF DEATH 96. CITY/TOWN OR LOCATION OF DEATH DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Allimore 1 THES 2 INO DO STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1216 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ry/Secondary (0-12) College (1-4 or 5+) omema 17. FATHER'S NAME (First, Middle, Last) 19 ... INFORMANT'S NAME (Type/Print) METHOD OF DISPOSITION 206. PLACEAND DATE OF DISPOSITION (Burlai 2 Cremation 3 🗆 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Russ 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest. Approximata ahock, or heart failure. List pnly one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) SEPSIS + UPPER GI HEMORRAGE 3 DAYS DUE TO (OR AS A CONSEQUENCE OF): STAGE RENAL Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DIABETES MELLITUS

resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPERTENSION ATHEROSLIEROTIK CORONARY

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 08/11

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

25.	WAS	CASE	REFERRED	TO	MEDICAL	
	EXA	MINEF	17			
	1 🗆	YES	2 🗹 NO			

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

29a. CERTIFIER

4 🔲 Homicide

HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

ng Home 5 - Residence S - Other (Specify) 28c. INJURY AT WORK?

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time,	, deta and place, and due to the cause(a) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opini	ion, death occured at the time, data and place, and due to the cr

29b. SIGNATUR	RE AND ATTLE OF CENTIFIER	200 LICENSE MUMBER	and nate closed diam on Man
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation	n, in my opinion, death occured at the time, data and i	place, and due to the cause(s) and manner as stated
(Check only	y 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre	d at the time, data and placa, and due to the cause(a)	and manner as stated.

		-						
30.	NAME	AND	ADDRESS	OF PERSON	WHO COMP	ETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)
	-				150	1001	0	- 0.0

DATE EN ED MANN DO MANN		
DR. A.S. FLEISHEL	2 6804 BONNIE RIDGEDR #	\$ 102 BALTIMORE MI

E 1	LICED INOUG	n, De	y, 4191	<i>u</i>)	32. HEGIST
	8110	1	h	1003	Julia

DISEASE

investigation

6 Could not be determined

Pavidson-Aandell

DHMH-16 Rev 1/89

93

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ı	1. DECEDENT'S NAME (First,	Middle, Lest)	2. DATE O	F DEATH
	Louise	Stanton	MONTH	- 15

- 1	nedio Inan	-			CATE	-	DEA		H	EG. NO.			
- 0.7	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF E	EATH			3. TIME OF DEATH	
- "	Louise Stanton WONTH DAY YEAR 6.45 A.										6.450		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE //n vio									7.2			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF B (Month, Day			8, BIRTH Countr	IPLACE (State or Foreign
- 4	2 16-36-4061	1 🗆 M 25/2 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.					
	9a. FACILITY NAME (If not institution, give s		21 2-1			1 -11-42 MD.					A DE L		
~ I						96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
DIRECTOR	Union Memorial	Hospital			Baltimore City								
FI	RESIDENCE OF DECEDENT								2				
ш	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OF	R LOCAT	ION						104 MISIDE CITY
E I	MD.				BALT	TM	20.17						10d, INSIDE CITY LIMITS?
					DALL	TM	JKE						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ	ZEN OF V	WHAT COUNTRY?
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21								2120	<i></i>		U	• 13 • 1	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED	13. W	AS DEC	ENDENT O	F HISPANI	C ORIGIN? (Sp	ecify Yes	or No-	14. RACE	E — American Indian, k, Whita, etc.
	1X Never Married 2 Married	IF YES, GIVE W		NO			2 NO		, Puerto Rican	, etc.)			
BY	3 Widowed 4 Divorced	100000000000000000000000000000000000000	0 20		1 '		*A. 140	Specify.				Speci	•
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쁘ㅣ	(Specify only highest grade	completed)	16a. DE	CEDENT'S live kind of w Do NOT us	rork done di	uring mo	ON st of workin	σ	16b. KINI	OF BUS	INESS/IND	USTRY	
m	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)			-					
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)			NONO	Li								
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H	JAMES A. STAN	TON					HI	LDA	M. Bl	ECKI	${ m TT}$		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Bural Br	oute Number, C	the or Town	State 7in	Code	
2	RALPH STANTON												01007
				0012	HUN	LTTI	1G.T.O	N DE	KINE,	BAI	JT • I	MD.	21207
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo		20b. PLACE	AND DATE C	F DISPOSIT	TION (Na	me of		DATE	20c. LO	CATION — C	Sity or To	wn, State
	4 Donation 5 Other (Specify)	oval from State	MD .	matory or of	her placa) M F M	DI	7	8_20	93	T 7. T	דשמו	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENOCE	TID.	NAI .						LAC	KEL	, MD	•
								S OF FAC	ILTY RAL HO	NATE	0	101	c
	Jon heit	- 5	H									121	
	1,000	- '	$\frac{u}{u}$	<u>u</u>	_ 25	01	GWY	NNS	FALLS	S PF	WAY	B	ALT. MD.
- 1	23. PART i. Enter the diseases, or o	omplicatione that	ceused the de	eth. Do n	ot enter t	he mo	de of dyi	ng, such	es cerdisc	or respli	atory sm	est,	Approximate
- 1	shock, or heart feilure.	List only one caus	e on each line).									interval Between
- 1	iMMEDIATE CAUSE (Final disesse or condition	05.5	0.0										Onset and Death
l)	resulting in death)	SEA	273										30 DAYS
- 1		DUE TO (OR AS A CONSE	OUENCE OF):								
- 1		DNA	- UN904	VIA									SYAGOE
ō	Sequentielly list conditions,	0	OR AS A CONSE		١.								73
E 1	If any, leading to immediate	202 10 (0.1 NO /1 00110E1	OULIVOL OF	,-								
79 III	cause. Enter UNDERLYING												
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ITEM: 9a, PER MEO FOR 1 • STATE REGISTRAR	FILM G-722 4/13/ STATE OF MARYLAN			MENTAL HYGIENE REG. NO.	93	2417
1. DECEDENT'S NAME (First, Middle, Last) EVERETTE	Terry	SEARS	ALL S	2. DATE OF DEATH MONTH BAY	1993	3. TIME OF DEA 4:54
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In ye	s. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	HPLACE (State or F

	EVERETTE	Terr	~		8 14				
	4. SOCIAL SECURITY NUMBER 212-76-8001	1 💢 M 2 🗆 F		F UNDER 1 YEAR IF UNDER 24 HRS. DRTHS DAYS HOURS MIN.	June 27	1064	IRTHPLACE (State or Foreign ountry) [aryland]		
TOR	90. FACILITY NAME, UNIVERSITE STREET 4500 EDI	Y HOSPITAL MONDSON A		BALTIMORE		9c. COUNTY	OF DEATH		
DIRECTO	100. STATE 100. COUNTY Maryland			rown or Location ltimore		Ma	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	10a. STREET AND NUMBER 2306 Winchester S	treet Apt		101. ZIP CODE 21216			OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	R IN U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1 YES 2 NO Specify	a or No 14.	14. RACE — American Indian, Black, White, atc. Specify:			
LETED	1s. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)			k done during most of working attred.)	16b. KIND OF BU	JSINESS/INDUST	Black		
at once.	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Forklif		IAME (First, Middle, Malder	Surname)			
2 0	Odell Sears 19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	OORESS (Street and Number or Rura	NES AMES I Route Number, City or Tox	vn, State, Zip Cod	n)		
	Melanie M. Sears			inchester St.			MD 21216		
must be	1 X Buriel 2 Cremation 3 Remo	ovel from State	206. PLACE AND DATE OF CEMBERY, CREMETORY OF OTHE LOUGON Park	Cemetery	8/20 Ba	eltimore	e, Marvland		
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	Eny	,	22. NAME AND ADDRESS OF I	.NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216				
ry, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST	DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	IVIB					
shows any injury, MEDICAL CI	PART II. Other algnificant condition	a contributing to deat	h but not resulting in	tha undarlying cause given I	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH? 1 YES 2 \(\subseteq \) NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)				
PHYSICIAN	1 X YES 2 □ NO	1 inpatient 2 ER/C	Putpatient 3 DOA 4	THER: Nursing Home 5 Residence			C STREET		
28 is mark TED BY	1 1 1 1 1 1 1 1 1 1								
MPORTANT: If item 2 D BE COMPLET	anal	CIAN: To the best of my kr		at the time, date end place, end do	ue to the cause(a) and mi				
IMPORTA	29b, SIGNATURE AND TITLE OF CERTIFUS 30. NAME AND ADDRESS OF PERSON WITH	me the	W	29c. LICENSE N		29d. DATE SIG	15 1993		
	HARGINA A.K	DREW 40		Street, Bal	timore,	Maryla	nd 21201		
5	AUG 1 9 1993	32. REGISTRAR'S S	GNATURE	Charles					

TO THE HOSPITAL OR ATTENDING PHYSCOAN. The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Albert of Linguistics of Description



FOR 1 - STATE

	HEGISTRAR			CENTIF	CALE OF	DEATH	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)	FRANK	MHOM	7C S'	TOKES					
- 1	4. SOCIAL SECURITY NUMBER	5. SEX								M
	4. SOCIAL SECONITY NUMBER		6. AGE (In yr.	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
1	217-24-6341	1 M 2 F	6	2 YRS.		monto min.	12-23-3	n la		YLAND
	Se. FACILITY NAME (If not institution, give s	treet and number)	-		96. CITY, TOWN	OR LOCATION OF DE		9c. COUNT	the same of the same of	
c	1702 E. LANV	1	BALTIMORE CITY NONE							
DIRECTOR	RESIDENCE OF DECEDENT	TIDE DI.				ADI INOK	E CITT		MON	15
	10a. STATE 10b. COUNTY	,		the CITY	TOWN OR LOCA	TION			- 1	Od. INSIDE CITY
	ios dri, iom or Escarion								- 1	LIMITS?
		NONE			BALTIM	ORE CIT	Y		1	YES 2 NO
41	10e. STREET AND NUMBER				10	1. ZIP CODE		10g. CITIZE	N OF WH	AT COUNTRY?
H H	1702 E. LANVA	LE ST.			- 1	-	1 2 1 2	UNIT	ED	STATES
FUNEHAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II C	ADMED	T 40 330 050		1213 IIC ORIGIN? (Specify Yes		1/40144	
	1 Never Married 23 Married	FORCES? 1	YES 2	NO	If yes, so	ecify Cuban, Mexica	n Puerto Ricen etc.)	s or No-	4. RACE - Black,	- American Indian, White, etc.
	3 Widowed 4 Divorced				1 🖳 YES	2 NO Specifi	r:		Specify.	
				22/53				AFIR	ICA	N AMERICA
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	164	Give kind of we	ISUAL OCCUPATI	ON of working	16b. KIND OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use	ork done during m retired.)	or worlding	MORGAN	N STA	TE I	UNIVERSIT
	12th	none	М	ATNTEN	JANCE S	SUPERVI				
5	17. FATHER'S NAME (First, Middle, Last)				THICL I		ME (First, Middle, Maiden	Company		
	The state of the s	NU D.C.						,		
H -		OKES					NIE SMITH			
5 II	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip C	(ode)	
-	CARL STOKES			2411	GUILFO	ORD AVE	BALTO,	(D) 2	121	3
	20s. METHOD OF DISPOSITION		20h Pt 4		F DISPOSITION (N			CATION — CH		ž
	1 Burial 2 Cremation 3 Reme	oval from State					3 2			
- 11-	4 🗍 Donation 5 🗆 Other (Specify)		- IGAR	RISON	FOREST	8£236	EM OW	INGS	MIL	LS. MD
31	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22. NAME A	ND ADDRESS OF FA	CRUGGS FU	ת מבודוו	T 77.	OME
	Y JULY	10000			CALV.	IN D. 2	CRUGGS F	JNERA	г н	JME
	Carrings	crucycx		,	1412	E. PRE	STON ST.	BALT	O, M	D. 21213
	23. PART I. Enter the diseases, or o shock, or heart fallure.	complications the	t caused the	e death. Do no	ot enter the mo	oda of dyling, suc	h aa cardlac or respi	Iratory arres	st,	Approximata
	arrock, or real trailers.	Liat Only One Cat	ise on each	mna.						
- 11	IMMEDIATE CALISE /Float									Onset and Deeth
	IMMEDIATE CAUSE (Final disease or condition	000	£00a	tio	P m . m	700 -	to the section			Onset and Death
		pon	man	str.	came	rer, ses	lateston	سرح		
	disease or condition	PEN DUE TO	(OR AS A COR	MSEQUENCE OF	can	cer, ses	execten	يرد		
	disease or condition resulting in death)	DUE TO	(OR AS A COR	MSEQUENCE OF	Cam	rer, s	tataten	تترح	_	
	disease or condition resulting in death)	b.	(OR AS A CO	NSEQUENCE OF): 	ror, s	tataten	يتر		
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b.	(OR AS A CO	NSEOUENCE OF): 	ror, s	latesten	تترح		
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	(OR AS A COL	NSEOUENCE OF	k:	rer, s	lataten	we.		
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b	(OR AS A COL	nsequence of)	k:	rer, s	lataten			
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A COL	nsequence of)	k:	rer, s	lataten			
- 11	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A COM	NSEQUENCE OF)	:	,			245 V	Onset and Death
- 11	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A COM	NSEQUENCE OF)	:	,		AUTOPSY	1	Onset and Death 3 mob
- 11	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A COM	NSEQUENCE OF)	:	,	Part I. 24e. WAS AN	AUTOPSY	1	Onset and Death 3 mob
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C of complete by the social medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Netural 5 Pending investigation 1 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A COM (OR A	INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSTANCE OF INSEQUENCE OF) INSEQUENC	26. P OTHER: 4 Nursing Hon OF 28c. IN. RY M 1 reet, factory, offic d at the time, date i, in my opinion, o	g cause given in LACE OF DEATH (Ch. 10 5	Part I. 24a. WAS AN PERFOR 1 YES 2 BCK only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mentime, date and place, an IBER	NJURY OCCU	RED Rural Roll cause(s) (Onset and Death 3 mob FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 MO Ind Manner as stated. Honth, Pay, Year) 7 5 3
CONTRETED BY THIS CAN MEDICAL CEN	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO DUE TO	(OR AS A COM (OR A	INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSTANCE OF INSEQUENCE OF) INSEQUENC	28. POTHER: 4 Mersing Hon OF 28c. IN. W 1 Treet, factory, office d at the time, date i, in my opinion, of	g cause given in LACE OF DEATH (Ch. 10 5	Part I. 24a. WAS AN PERFOR 1 YES 2 ack only one) 8 Other (Specify) 28d. DESCRIBE HOW II City or Town, State) to the cause(a) and meritime, date and place, and IBER	NJURY OCCU	RED Rural Roll cause(s) (Onset and Death 3 mob FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 MO Ind Manner as stated. Honth, Pay, Year) 7 5 3

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4\text{hours}\$ after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, I

FOR

	1 - REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) DOLORES L SMITH	2. DATE OF DEATH DAY YEAR	3. TIME OF DEATH
		8 15 93	12.36A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 220 -20 -660 6 1 M 2 F YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	THPLACE (State or Foreign htry)
DIRECTOR	90. FACILITY MAME (II not institution, give street and number) Liberty Med, Center BAllimore	SATH So., COUNTY OF	DEAT
E	10e. STATE 10b. COUNTY 10c. CITY NOWN OR LOCATION	- 0	10d. INSIDE CITY
la l	maryland BAITIMON	9	LIMITS?
FUNERAI	100. STREET AND NUMBER 20/0 King ghill Ave, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED. 13. WAS DECEDENT OF MICROS.	7 11,0	WHAT COUNTRY?
B	11. MARITAL STATUS 1 □ Never Married 2 □ Merried 1 □ Never Married 2 □ Merried 1 □ YES 2 □ NO □ Specify Cuben, Mexica □ YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica □ YES, GIVE WAR OR DATES	n, Puerto Rican, etc.) Bla	CE — American Indian, ck, White, etc.
밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kipd of work done during most of working	166. KIND OF BUSINESS/INDUSTRY	,,,,,,,
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)		
S S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA	ME (First, Middle, Maiden Sumerne)	
BE	Joseph /Rusly Edni	4 Boone	
5	199. MAILING ADDRESS (Speed and Member or Burel) Mr. Herbert Bo'nson 2010 Ridges!// A	Poute Number, City or Town, State, Zb Code)	1,21217
	20e. METHOD OF DISPOSITION 1 Description	20c. LOCATION — City or 1	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	EUSS FUNERA	Home
	23. PORT I. Enter the diseees, or complications that caused the death. Do not enter the mode of dying, auc	h as cardiac or readiratory errest	Approximate
	IMMEDIATE CAUSE (Final	oo oo aaa oo roopiiatory orroot,	interval Between Onset and Death
	disease or condition resulting in deeth) a. Kespinatory failure DUE TO (DR AS A CONSEQUENCE OF):		J. J. J. J. J. J. J. J. J. J. J. J. J. J
	A: 01		
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE DAY)		
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		
	that initiated events resulting in deeth) LAST		
CER	d		
	PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	congestive heart failure	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		
SICI	EXAMINER? HOSPITAL: OTHER:		
Ή	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	8 U Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED	
BY	1 N Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO		
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)	281. LOCATION (Street end Number or Rural City or Town, State)	Route Number,
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due	to the cause(e) end manner ee stated.	
OM	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the		(e) end manner es stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER HOUSE 29c. LICENSE NUM D-405		DyMonth, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		10.1
d	31. DATE EN ED (MOOTH THE VERY) 122 DECISTORD'S SIGNATURE	BALTIMORE, IND 3	11215
0	AUG 1 9 1993 Julia Davidson Randage		ì

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)	1 th	elma		2. OATE	OF DEATH	α	3. TIME OF OEATH AR 12 40 M			
	07220-4996	□ M 2 F	S. lest birthday) IF UNI YRS. MONTH	is. 7. DATE OF BIRTH (Month, Dey, 1961) 1. 26-07 MAYURMO							
10R	Se FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEDENT 9c. COUNTY OF DEATH PRESIDENCE OF DECEDENT 9c. COUNTY OF DEATH PRESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 10b. COUNTY		BOLDIY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITE? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER	Place.	11.7771	101. ZIP CODE 2/2/1	7	1	0g. CITTEEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	NO	3. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO S	xicen, Puerto	N? (Specify Yes or Rican, etc.)	No- 14.	RACE — American Indian, Black, White, etc.			
ETED	15. OECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION 18e College (1-4 or 5+)	DECEOENT'S USUAL (Give kind of work dor iye. Do NOT use retired	e during most of working	16	b. KIND OF BUSINI	ESS/INDUST	O/ACP RY			
COMPL	17. PATTOSE'S NAME (First, Middle, Lagf)	Bennott	<u> 10/11/2/11</u>	18. MOTHERY	NAME (Frst	Middle, Maiden Sur	pame)	//			
TO BE	199, INFORMANT'S NAME (Type/Print)	oc Vlano	19b. MAILING ADDRE	SS (Street and Number or R	ural Route Nun	HFS/)	State, Zip Cod	9 /2 00			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	from State 28b. PLA	OE AND DATE OF DISP		OAT	TE 20c. LOCAT	TION - CHY	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	I. Russ	2 -	HAME AND ADDRESS O	1015	FUNE	RAL	tome			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, abock, or heart fallure. Liet only one cause on each line. Approximate interval Between										
	immediate cause (Finsi disease or condition resulting in death) s. Gastero in test was bleedere Die to (on as a consequence on):										
NOI	Sequentially list conditions, if any, leading to immediate Due to (on as a conscouence on): Due to (on as a conscouence on): Due to (on as a conscouence on):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE OF):	necuna							
AL CEF	PART II. Other algnificent conditions of	ontributing to death but n	ot resulting in the	underlying cause givar	in Part I.	24s. WAS AN AU		24b. WERE AUTOPSY FINDINGS			
MEDIC	Enteroce	ceal s	septice	house	Qe	PERFORMS		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10		26. PLACE OF DEATH	(Check only o	ne)					
IYSIC	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatien		ursing Home 5 - Resider							
ву рь	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 1			SCRIBE HOW INJU	JURY OCCURED				
	3 Suicide 6 Could not be determined 4 Memicide 4 Memicide City or Town, Steet) 289. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route N City or Town, Stete)										
COMPLET		N: To the bast of my knowledge On the basis of examination and						use(s) end manner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	D.		290 LICENSE Pend		29	DATE SIG	NEO (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH	(ITEM 27) (Type, Print)	DVT	_ 0	as Ya	0				
2	31. DATE FILED (Month) Day, Year) AUG 1 9 1993	32. REGISTRAR'S SIGNATURE Davids	ne Rando po			-14					

93 24176.

FOR 1 STATE

	REGISTRAR		CERTIFICATE O	F DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	ANE	Smith	2. DATE OF I	2. DATE OF DEATH						
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 7. DATE OF BRITTH 1.											
DIRECTOR	RESIDENCE OF DECEDENT 19. STATE 10b. COUNT	rv ,	BAIT	M(SYP)		0	10d. INBIDE CITY LIBITS? 1 D YES 2				
FUNERAL	10% STREET AND NUMBERS 4520 Cellar 11. MARITAL STATUS	GANGEN	Rd.	101. ZIP CODE 2/2	29	u,	S, H				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO If yes,	, specify Cuban, Mexic	an, Puarto Ricar	pecify Yes or No— 1 n, etc.)	4. RACE — American Indi Bleck, White, etc.				
PLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL OCCUP, (Sine kind of work done during the De NOT use relied.)		16b. KIN	D OF BUSINESS/INDU	STRY				
BE COMPLET	17. FATHER'S NAME (Fight, Missin, Card)	GATTISON	v	18. MOTHER'S N	ANE (First, Middle	Scott					
TO B	TOR KATO	h Smith	4520 Cell	BUILD 1 YEAR	denk	d. BAI	70, md,2				
	20s. METROD OF DISPOSITION 14 Durint 2 Cremation 3 Ren 4 Dormton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	novel from State	REACE AND DATE OF DISPOSITION	e Va. Com	1/1	AA. C	y or town State				
	Joseph L. Russ Base L. Russ Funteral Hom										
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	ach line.	myther	in sa cardiac	or reapiratory arrei	Approxin interval E Onset an				
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	CONSEQUENCE OF):	MI							
MEDICAL CERTIFI	PART II. Other algolificant condition	dna contributing to death b	1 /1	,		. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY I MARLABLE PRIOR COMPLETION OF OF DEATH?				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26 OTHER:	. PLACE OF DEATH (C	heck only one)						
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK?		ecity) BE HOW INJURY OCCU	RED				
rED BY											
COMPLET	and		riedge, death occurred at the time, d								
BE	296, SIGNATURE AND TITLE OF CERTIFIE McDia 20	-	Aslan	29c LICENSE NU			SIGNED (Month, Day, Year)				
70	30. NAME AND ADDRESS OF PERSON WI	ney Ra	ce Bal	et. h	13.						
5	31. DATE FILED (Month, Day, Year) ALLC 1 0 100	32. REGISTRAR'S SIGN	dan Bando 82								

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1018

_	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 9,50	ATH P. M								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) NONTHIS DAYS HOURS MIN. (Month, Day, Year)									
	08, 9 39 MD									
DIRECTOR	Bun Secounty of Death Baltimone Besidence of Decedent									
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT	Υ								
	MD Baltimore, 1878 2] NO								
¥	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
崱	1215 Mosher ST 2/2/2 USA	4								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Ind 15. Never Married 2 Married 17. Never Married 2 Married 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Ind 19. Never Married 2 Married 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 15. RACE — American Ind 19. Never Married 2 Married 19.	Hen,								
ĕ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: Specify: BLACK	ζ								
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)									
ž	DISABILITY 17. FATHER'S NAME (First, Middle, Last)									
- 1	17. FATHER'S NAME (First, Middle, Last) LEROY THORNTON DOROTHY BAILEY	- 4								
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	LEROY THORNTON 831 FULTON AVE. BALT. MD. 21217									
	20s. METHOD OF DISPOSITION 1									
1	4 Donation 5 Other (Specify) WESTERN STAR -93 CONSVICEMD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	NUTTER FUNERAL HOME BALT. MD.									
	2501 GWYNNS FALLS PKWAY 21216 23. PART I. Enter the diseases, or complications that caused the greath. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately 1988	nate								
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	Between								
		u Dealii								
2	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) CAUSE (Disease or injury)									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING Stacked As a consequence of the cause of t									
문	AUSE (Disease or injury hat initiated events per to (or is a consequence of):									
	reaulting in death) LAST Hepatie encephaloputhy									
- 19	d. If									
5	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO AMILABLE PRIOR TO									
<u> </u>	1 VES 2 NO COMPLETION OF OF DEATH?	CAUSE								
Σ	1 _ YES 2 _	NO								
A N	OF THE CASE DEFENDED TO HEAD IN									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
2	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO									
10	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?									
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Burel Route Number.	-								
	4 Homicide determined building, etc. (Specify)									
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(e) end manner ear	stated.								
	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Monty, Day, Year)									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)									
	TORIS R. CRUZ M-B 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) RUSITA R - CRUZ BON SECOURS HOSPITAL									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	\dashv								
)	AUG 1 9 1993 Julia Davidon Bandane									

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN		3. TIME OF DEATN		
Michael	Testerman		8V. 1		August		.993	1030 A. M		
					7. DATE OF B	IRTN ; Ybar)	8. BIRTHPLACE (State or For Country)			
		YRS.			11-27-					
	et and number)				EATN	9c.	COUNTY OF D	EATH		
STATE OF MANT CARD TO PERMIT AND MINIAL HYBIENE RECONSTRUCTION OF DEATH AND MINIAL HYBIENE RECONSTRUCT OF DEATH AND MINIAL HYBIENE RECONSTRUCT AND MINIAL H										
		10c. CITY,	TOWN OR LO	CATION						
Maryland		Ba1t	imore				3.0			
10a. STREET AND NUMBER				101. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
10 N. Collington A	10 N. Collington Ave. 21231 USA									
	12. WAS DECEDENT EVER	N U.S. ARMED					- 14. RACI	E — American Indian, k. White, etc.		
						, 0.0.,	Spec	lly:		
15. DECEDENT'S EDUCA	TION	I 18. DECEDENT'S II	SUAL OCCUR	ATION	105 KINE	OF BURINES		hite		
(Specify only highest grade co	ompleted)	(Give kind of wo	rk done during	most of working	100, KIN	OF BUSINES	5/INDUSTRY			
9th Grade	Conede (1-4 of 2+)	Laborer				onstru	ction			
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA						
Samuel	Testerman	1		Pau1	ine R	ichard	ls			
		19b. MAILING A		et and Number or Rural	Route Number, C	ity or Town, Stat	e, Zip Code)			
Mary Testerman		10 N.	Colli	ngton Ave	. Balt	imore,	Maryl	land 21231		
1 Buriel 2 Cremation 3 Ramov					1					
		/		-				110.4		
Stre . 1	12/	1/2 -						. N1 0100		
22 PART I Sales the disease	' nu	our/								
23. PART I. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. Approximate Interval Batween										
	8,0	1700	1-	a. For	00,00			Onset and Death		
	DIJE TO (OR AS	A CONSEQUENCE OF		ac / da				years		
	00 100	in Al	e ok	dism	/			Geors		
cause. Enter UNDERLYING	any, leading to immediate constitutions. DUE TO (OR AS A CONSEQUENCE OF):									
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	:							
resulting in death) LAST										
PART II. Other aignificent conditions	contributing to death i	but not resulting in	the under	ving cause given in	Part I 24s	WAS AN AUTO	pev Zah	WEDE ALTTOREY ENDINGS		
				, mg cadao given m	11/1/19	PERFORMED?		AWAILABLE PRIOR TO		
					_ '-	YES 2 N	OF DEATH?			
								1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF DEATH (C)	neck only one)					
Province (1)			OTHER:			noths)				
	28a. DATE OF INJURY	28b. TIME	OF 28c.	INJURY AT			OCCURED			
I am attaction	(Month, Day, Year)	INJU	9.0					100		
2 Dulette	28e. PLACE OF INJUR	Y — At home, farm, str	reet, factory, o	office	281. LOCATION (Street and Number or Rural Route Number,					
	building, etc. (Specify)									
								ALC: U		
	AN: To the best of my know	viedge, death occurred	at the time,	data and place, and du	to the cause(a)	and manner a	s stated.	17/23		
(antion only								s) and menner as stated.		
(antion only					time, date and	place, and dua	to the cause(a) and menner as stated.		
one) 2 MEDICAL EXAMINER				n, death occured at the	time, date and	place, and dua	to the cause(
29b. SIGNATURE AND TITLE OF CERTIFIER		earth (ITEM 27) (Type, F	In my opinio	29c UCENSE NU	time, date and	place, and dua	to the cause(
29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of axamination	Seath (ITEM 27) (Type, F	In my opinion	29c UCENSE NU	time, date and	place, and dua	to the cause(

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospi

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)				-					E OF DEATH		7.7=1	3. TIME OF	DEATN
		TEMP LE							AUG	ÜST 12	, 199	3	9:15	A.M. M
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. les						(Mor	oth, Day, Year)		8. BIRTN	PLACE (State	or Foreign
	216-22-8283 9a. FACILITY NAME (If not institution, give s	4 - 4 -	69	YRS.						21, 1				
Œ	2902 PARKWOOD								EATH		9c. COUN	TY OF DE	EATH	
DIRECTOR	RESIDENCE OF DECEDENT					DALI	IMOR	Œ	-				-	
IRE	10a, STATE 10b, COUNTY	4		10c. CITY									10d. INSIDE	CITY ?
	MARYLAND 100. STREET AND NUMBER				BA									
FUNERAL	2902 PARKWOOD	AVENUE				107.								RY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARI	MED	13. \	WAS DECI	ENDENT C	F HISPAI	NIC ORIG	IN? (Specify Ye		14. RACE	- American	indian.
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 1 1		10	1 1	yes, spe	city Cuba	n. Mexica	in. Puerto	Rican, atc.)	5.30,500	Black	, White, atc.	
	16. DECEDENT'S EDU	CATION	400 05	CEOFNITIO							Bullet and the second		BLAC	K
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gi	ve kind of w Do NOT use	ndk done o	during mos	st of working	ng	16	b. KIND OF BU	SINESS/INDU	JSTRY		
AP.	N/A	Conege (1-4 or 5+)		NUR	SE				P	RIVATE	DUTY	NUR	SING	
ő	17. FATNER'S NAME (First, Middle, Last)						16. MOTE	NER'S NA				11010	OZITO	
BE (WILLIAM JACKSON													
2	19a. INFORMANT'S NAME (Type/Print)													
	MRS. JUDITH M. P	EARL						NUE						
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovel from State						17/9		RANI	DALLST	TOWN	wn, Slata B	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE . TENTO	TF CV							1144			,	
	+ Lewis J-	Lugn	V.	2 2 4 2 4	LE	WIS	T. G	WYNN	V FU	NERAL I	HOME	212	15-639	93
	23. PART I. Enter the diseeses, pr	complications that car	used the de	eth. Do no	ot enter	the mod	ARK de of dyl	HEI(HTS has ce	AVE .	BALT iratory arre	MOR		
	iMMEDIATE CAUSE (Finel	Liet bnly bne ceuse o	on eech line.								,		Interv	ni Batween
	disease or condition resulting in death)	. Mulle	rian	ut	erin	رور	can	cer	**				2	4648
		DUE TO (DR	AS A CONSEC	UENCE OF):									
0 N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	If any, leading to immediate cause. Enter UNDERLYING			HOLOGENGE OF J.										
FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF	:									
CERTIFICATION	resulting in death) LAST	d												
AL 0	PART II. Other eignificent condition	s contributing to dea	th but not re	euiting in	the un	deriying	ceuse g	iven in	Part I.					
5	Lower intes	Himal blee	ding										COMPLETION	
ME														□ NO
A ::														
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO	L.A.D.				1;								
H	27. MANNER OF DEATN	1 Empatient 2 ER/	IRY	28b. TIME			_	sidence			N HIRV OCCI	IBEO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er)	INJU	RY M	WOF	RK7] NO	200. DE	OWNER HOW	NOONY OCCU	neu		
	3 Suicide 6 Could not be	26s. PLACE OF INJ building, etc. (URY — At hor	ne, Jarm, st	reet, lacto	ory, offica			281. LO	CATION (Street a	and Number o	r Rural Ro	oute Number,	
ETE	4 Nomicide datermined								OR)	G lown, state)				
COMPLETED														
Ö	2 MEDICAL EXAMINE	R: On the besis of examin	ation and/or in	rvestigation	, In my op	olnion, de	ath occur	ed at the	time, dat	a and place, an	d dua to the	cause(s)	and manner	ne stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0 1				T	29c. LICE	NSE NUN	ABER		29d. DATE	SIGNED ((Month, Day, 1	tear)
6	30. NAME AND ADDRESS OF PERSON WING	Nagle	M.	D -	AUGUST 12, 1993 9:15 A.M. M FUNDER 1 YEAR WORTHS OVER 1 HOURS 1 HOS. WORTHS OVER 1 HOURS									
	4	a Dayle, m	1.D.	21) (1/po, 1	TINI)	C 1/	20	Co.~	00	ch				
Z	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S			. 0	- 101	CV.	JOHN C.	· CA					
\cup	AUG 1 9 1993	Julia Davidson	-Aande	L										

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FOR STATE

	REGISTRAR		CI	ERTIFI	CATE (F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		3.	TIME OF DEATH		
	LOVIE			TORAI	N		MON	AUGUST 17, 1993			R		
	4. SOCIAL SECURITY NUMBER 216-50-4314	5. SEX 6.	IF UNDER 1 YE		7. DAT	E OF BIRTH	BIRTHPL	CE (State or Foreign					
	90. FACILITY NAME (If not institution, give street end number) THE JOHNS HOPKINS HOSPITA			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF 1									
	MARYLAND 106. COUNT	NONE		10c. CITY	, TOWN OR LO	CATION BALI	PIMC	RE CI	ΓY		LINSIDE CITY		
HAL	100. STREET AND NUMBER 1011 VALLEY	STREET				101. ZIP CODE 212	205		100 CITIZEN		COUNTRY STATES		
. 11	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 24-1	MED NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 1 NO Specif	NIC ORIG	ilN? (Specify Yes o Rican, atc.)	4.6	RACE — Black, W Specify: 1 C 3:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 7th grade	CATION completed) College (1-4 or 5+) 1001 C	(G.	ive kind of we Do NOT use	JSUAL OCCUP ork done during retired.)	most of working	16	66. KIND OF BUS	INESS/INDUST		2202.2.00		
E COM	17. FATHER'S NAME (First, Middle, Last) JACK HUGHES	110116		11005	EMTIE	18. MOTHER'S N.	ME (First,	non Middle, Malden	_				
TO BE	190. INFORMANT'S NAME (Type/Print) LESSIE TORA	TN	191	b. MAILING	ADDRESS (Str	set and Number or Russi	Proute Nu	mhar City or Town	State 7to Cod	le)	_		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITION	EY AVENU			ORE, I	_			
	1-Surial 2 Cremation 3 Fem. 5 Donation 5 Other (Specify)		Bar e	11111011	e place en	etery 8	3/121	/93 B	altimo	ore.	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIK	Hornes	od.	m,	20 NAM 141	AND ADDRESS OF FA	CTU STC	iggs Fi	uneral BALT	l Ho	ome 0.21213		
- 11	23. PART I. Entar the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final	complications that ca List only one cause	used the de on each line	eath. Do no	ot anter the	mode of dying, suc	ch as ca	rdiac or reapir	ratory arrest,		Approximate Interval Between Onset and Death		
	disease or condition resulting in death)	a. Lu po	(HYPOXIA) AS A CONSEQUENCE OF:				3 ho	urs		3 horrs			
5	Sequentially list conditions,				HYPOTENSION) 1:				2 hours 12				
2	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· sepsi	(s			OTE OTO			hours		zyhons		
	that initiated events resulting in death) LAST	d. cur or	nay artery disease								Rhous 24 hours 10 years		
THE STORY MEDICAL	PART II. Other significant condition Prairety Mel Hynerhusen	th but not r	esulting in	the under	ying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2-[INNO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	IS. WAS CASE REFERRED TO MEDICAL				26. PLACE OF GEATH (Check only one)								
	EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:										
	7. MANNER OF DEATH	1 Inpatient 2 ER		28b, TIME		INJURY AT	7	er (Specify) SCRIBE HOW IN	LILIRY OCCUPE	n			
	1 Natural 5 Pending Investigation	(Month, Day, Y	ear)	INJU	M 1	WORK? YES 2 NO	200.00						
	3 Suicide 4 Homicide Suicide 5 Could not be determined Suicide 6 Could not be determined Suicide 7 Suicide 8 Could not be determined Suicide 8 Could not be determined Suicide 8 Could not be determined Suicide 8 Could not be determined								Number,				
2	99. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE									use(e) en	i manner ee stated.		
J 2	96. SIGNATURE AND TITLE OF CERTIFIER	1		en end/or investigation, in my opinion, death occured at the t									
2						Peuro			> Aux	tou	17,1993		
- 11	O. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	O N. M	۱۱ 27) (Type, I	ST Tu	re lo F	Bail	time)	,		
13	1. DATE FILED (Month, Day, Year) AIIC 1 9 19	32. REGISTRAR'S	SIGNATURE	· 00									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the forms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First, Middle, Lest) DAVID	GO	RDON		WE	ST	2. DATE	OF DEATH	/A	YEAR	3. TIME OF DEATH
		6. AGE (In yrs. lest birthd	MON	MOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	19 40	7	1:47 A PLACE (State or Foreign) MD.
9e. FACILITY NAME (If not institution, give stre I-695 AND LIBE)		D.	9b.	CITY, TOWN C	R LOCATION OF DI	EATN		9c. COI	UNTY OF D	EATH
10e. STATE 10b. COUNTY		10c.	CITY, TO	WN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
MD. BALT	MORE			Lane	ZIP CODE			40- 00	PIZEN OF I	1 TYES 2 NO
3912 NOYLES CIF	י ודוער א	104		100	2113	2				
	12. WAS DECEDENT	EVER IN U.S. ARMED VES 2 NO R OR DATES		If yes, sp	ENDENT OF HISPAR polity Cuban, Mexica 2 NO Specifi	NIC ORIGI			J . S . 14. RACI Black Spec	- American Indian, c, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) Cotlege (1-4 or 5+)	life. Do NO	of work of Tuse reti	done during mo	st of working		SUPER			GROCERY
17. FATHER'S NAME (First, Middle, Last) JAMES OSBORNE					16. MOTHER'S NA NADILE	NE I	WEST			
19a. INFORMANT'S NAME (Type/Print) FAYE H. WEST					PL. AP				(D .	2
20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	rel from State	206. PLACE AND DA cometery, crematory GARRISO				B AS	20c. LO	CATION -	City or To	wn, State LLS, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE O O	Q a.		NUTT	ER FUNE	RAL	HOME	S I	BALT	. MD.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE		i in						
PART II. Other significent conditions	contribution to	lands but and accutal	- I- Ab			De et l				
		outh out not resort	, , , , , , , , , , , , , , , , , , ,	e underlying	, cause given in	——————————————————————————————————————	24a. WAS AN PERFOR 1— YES 2	MED?	240	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	HOSPITAL:	ER/Outpatient 3 DO	OT 4		ACE OF DEATN (Ch			010		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF 1 (Month, Da) 08/14	(Year)	TIME OF INJURY	28c. INJ WO	URY AT RK? 'ES 2 NO	DRI	VER I	N A	UTO/	AUTO
3 Suicide 6 Could not be determined	28s. PLACE OF building, a	INJURY — At home, far tc. (Specify) ROADWA		, factory, office		28f. LOC City	ATION (Street or Town, State)			RTY ROAI
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI		ny knowledge, death oc mination end/or investig) end manner as state
296. SIGNATURE AND TITLE OF CERTIFIER	Mel	rul			O . C . M			29d. DA	TE SIGNED	(Month, Day, Year) /1993
30, NAME AND ADDRESS OF PERSON WHO										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the centificate be executed within the factor, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

BALTIMORE, MARYLAND 21215-0020

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TO BE COMPLETED BY FUNERAL DIRECTOR

NANHZ

32. REGISTRAR'S SIGNATURE

who Davidson-Randoll

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31. DATE FILED (Month, AUG

FOR STATE REGISTRAR	STATE OF M	C	ERTIFIC	CATE OF	DEATH	RE	G. NO.		
DECEDENT'S NAME (First, Middle, Lust)	Wigg					2. DATE OF D		23	3. TIME OF DEATH
. SOCIAL SECURITY NUMBER 215 - 24-3876	ENEX /	6. AGE (In yrs. Ia:		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,		8. BIRTH Count	HPLACE (State or Foreign
2329 Linde RESIDENCE OF DECEDENT	treet end number)	e. Apt.	I 9t	BALL	imor E	EATH CIT	9c. CO	UNTY OF D	PEATH
STATE 106. COUNT	Y		10c. CITY, TO	TOWN OR LOCATI	ION O	U			10d. INSIDE CITY LIMITS? 1 YES 2 NO
3329 Lind	en Ac	e A	OTI	-	ZIP CODE 2/2/7	7	10g. Cf	TIZEN OF V	WHAT COUNTRY
Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		IMED NO	If yes, spe	ENDENT OF HISPA polity Cuben, Mexic 2 ND Speci	en, Puerto Ricen,		14. RACI Blac Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S USI live kind of work Do NOT use re	SUAL OCCUPATIO k done during mos etired.)	IN st of working	16b, KINE	OF BUSINESS/IN	DUSTRY	(1) (1)
FATTER'S NAME (First, Middle, Last) CS SCOTORMANT'S NAME (Front-ind)	Wigg	ins "	b. MAILING AD	DDRESS S) vot a	18. MOTHER'S N.		Melden Surneme)		1
A PARTY AND ADDRESS OF THE PARTY OF THE PART			-117		7/			-	1 11 1-1-1
0e. M57HOD OF DISPOSITION [2] Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE	AND DATE OF E	DISPOSITION (Near	100 pm	DE, 6	20c. LOCATION -	City or To	Windles Con
Buriel 2 Cremation 3 Rem Dopetion 5 Other (Specify)	CENSEE L. L	use.	matery or other	22 MAME AN	DADOBESS OFF	130 lorth	BALL FUN AVE	tes in	ovi, Aldo J ovin, state (o m) ch 4 Home (o m/2/2/2/
Buriel 2 Cremation 3 Rem Dopetion 5 Other (Specify)	complications that List only one cau	t ceused the de	eath. Do not	22 MAME AN	DADOBESS OFF	ACUS S 1011 Ch ss cerdiec of	BALL FUN AVE	tes in	Approximate interval Between Oneet and Death
Depution 2 Cremetion 3 Rem Dopetion 5 Other (Specify) Signature of Funeral Bernice Li 3. PART i. Enter the diseases, Dr. shock, or heert feliure. MMEDIATE CAUSE (Finel lisease or condition	complications that List only one cau s. DUE TO DUE TO C.	t ceused the de	eath. Do not e.	22 MAME AN	CM D ADORESS OFF	ACUS S 1011 Ch ss cerdiec of	BALL FUN AVE	tes in	Approximate intervsi Between
Depetion 5 Other (Specify) Sequentially list conditions, farry, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	complications that List only one cau s. FANC DUE TO b. DUE TO c. DUE TO	t ceused the de see on each line (OR AS A CONSE	eath. Do not e	enter the mod	CM ADORESS OF THE	ACUS S ACUS S Ch ss cerdiec c	BALL FUN AVE	Left.	Approximate interval Between Onset and Death D. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO
Depetion 5 Other (Specify) Signature of Funeral Service Life Specify Sa. PART I. Enter the diseases, Dr. shock, or heert feliure. MMEDIATE CAUSE (Finel disease or condition esulting in death) Sequentially list conditions, I sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury that initiated events esulting in death) LAST	complications that List only one cau s. FANC DUE TO b. DUE TO c. DUE TO	t ceused the de see on each line (OR AS A CONSE	eath. Do not e	enter the mod	CM ADORESS OF THE	ACUS S ACUS S Ch ss cerdiec c	BAIL FUN AVE, or respiratory a	Left.	Approximate intervsi Between Onset and Death
Depetion 5 Other (Specify) Similaring of Puneral Service Life Shock, or heert feliure. MMEDIATE CAUSE (Finel lisesse or condition esulting in death) dequentially list conditions, surply is a surply in the suse. Enter UNDERLYING AUSE (Disesse or injury hat initiated events esulting in death) ART II. Other significent conditions.	complications that List only one cau s. DUE TO b. DUE TO d. DUE TO HOSPITAL:	t ceused the dese on each line (OR AS A CONSE	eath. Do not e. DUENCE OF): QUENCE OF):	the underlying	CM DADORESS OPF	ACUS S AC	WAS AN AUTOPSY PERFORMED?	Left.	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
Dopetion 5 Other (Specify) Since Art is Enter the diseases, Dr. shock, or heert feliure. MMEDIATE CAUSE (Fine) Resease or condition esulting in death) Sequentially list conditions, a sry, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST PART II. Other significent conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	complications that List only one cau s. FANC DUE TO b. DUE TO c. DUE TO d	t ceused the de se on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not i	eath. Do not e. DUENCE OF): QUENCE OF):	the underlying	CM ADORESS OPF W/ A de of dying, sur A A G Ceuse given in ACE OF DEATH (C	ACUS S AC	WAS AN AUTOPSY PERFORMED?	Y 24b	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
Dopetion 5 Other (Specify) Signature of Funeral Service Li Sa. PART I. Enter the diseases, Dr. shock, or heert feliure. MMEDIATE CAUSE (Fine) Requentisity list conditions, services or condition esulting in death) Requentisity list conditions, services or injury heart initiated events esulting in death) PART II. Other significent condition Sample of the significent condition Sample of the significent condition CART II. Other significent condition Sample of the significent condition Sample of the significent condition MART II. Other significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significent condition Sample of the significant condi	COMPICATIONS their List only one cau S. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO LIST OF MONTH, DI 28e. PLACE OF	t ceused the de se on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not i	DUENCE OF): GUENCE OF): GUENCE OF): GUENCE OF): GUENCE OF): TOUCH OF OF OF OF OF OF OF OF OF OF OF OF OF	the underlying 28. PL DTHER: Nursing Home WO' M 1 Y	CM DADORESS OFF W Ade of dying, sur ACE OF DEATH C ST Residence URY ACE S 2 NO	Part I. 24a. heck only one) 6 □ Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 NO	SA/A	Approximate interval Between Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death
Depetion 5 Other (Specify) Bull Arthre of Funeral Berrice Li Barrice of Funeral Berrice Li Barrice of Funeral Berrice Li Barrice of Funeral Berrice Li Barrice of Funeral Berrice Li Barrice of Funeral Berrice Li Barrice omplications that List only one cau S. DUE TO DUE T	t ceused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not is ER/Outpatient 3 INJURY ay, Very Try knowledge, de	eath. Do not e. DUENCE OF): QUENCE OF): QUENCE OF): resulting in t 28b. Time O INJURY	the underlying 28. PL THER: Nursing Home OF 28c. INJU Y M 1 Y eet, factory, office et the time, date	CM ADORESS OPF, W A de of dying, sur ACE OF DEATH (C 5 Residence URY AT (KES 2 NO end place, end du	ACUSTISS ACUSTISS Ch as cerdiec of the control of the course(e) to the cause(e)	WAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Numb rn, Stete)	Y 24b	Approximate interval Between Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death Oneet and Death	

VTAW ST # 305 BALTIMONE



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## HARRY YAFFE 4. SOCIAL SECURITY NUMBER 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 5. SEX 214-12-4170 77 YRS. 6. AGE (in yrs. lest birthoday) FUNDER 1 YEAR FUNDER 14 HRS. 77 YRS. 6. AGE (in yrs. lest birthoday) FUNDER 1 YEAR FUNDER 14 HRS. 78 HOURS MAN. MARY 99. CITY, TOWN OR LOCATION OF DEATH TOWSON RESIDENCE OF DECEDENT 100. STREET AND NUMBER 100. STREET AND NUMBER 110. STREET AND NUMBER 110. STREET AND NUMBER 110. STREET AND NUMBER 111. MARITAL STATUS 112. WAS DECEDENT EVER IN U.S. ARMED PONCEST 113. WAS DECENDENT OF HISPANIC OF HISPANI	ORIGIN? (Specify Verence Rican, etc.) 180. KIND OF BUILD Nation: (First, Middle, Maiden Adle to Number, City or Tow DATE 20c. LO 0-93 Pail	916 9c. COUNTY Balt 10g. CITIZEN U.S or No.— 14. SINESS/INDUST al Brew county rwn, Stete, Zip Coo	BIRTHPLACE (State or Foreign County) Maryland YOF DEATH timore 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, atc. Specify: White TRY Wery do y or Town, State e, Maryland C. 21204
HARRY YAFFE 4. SOCIAL SECURITY NUMBER 214-12-4170 1X M 2 F 77 VRS. 6. AGE (in yrs. lest birthoday) 9b. CITY, TOWN OR LOCATION OF DEATH Greater Baltimore Medical Center TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 1222 Walker Ave. 11. MARITATUS 1 Never Married	ORIGIN? (Specify Verence Rican, etc.) 18b. KIND OF BU: Nation: (First, Middle, Maiden Adle to Number, City or Tow DATE 20c. LO 0-93 Pail	916 9c. COUNTY Balt 10g. CITIZEN U.S 9 or No — 14. SINESS/INDUST al Brew Print, State, Zip Coc Print, State, Zip Coc Print, State, Zip Coc Print, Md. 2	BIRTHPLACE (State or Foreign County) Maryland TOF DEATH timore 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S.A. RACE — American indian, Black, White, atc. Specify: White TRY Wery Wery Approximate e, Maryland C. 21204 t, Approximate interval Between
98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) Greater Baltimore Medical Center RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Maryland 109. STREET AND NUMBER 122 Walker Ave. 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 Yes, give WAR OR DATES 13. WAS DECEDENT OF HISPANIC If yes, specify Cuben, Mexican, Professory only highest grade completed) 15. DECEDENT'S EDUCATION (Sive kind of work done during most of working like Do NOT use refired.) 19. INFORMANT'S NAME (First, Middle, Lest) Hyman Yaffe 198. INFORMANT'S NAME (First, Middle, Lest) 199. MAILING ADDRESS (Street and Number or Rural Route Same as #10 209. METHOD OF DISPOSITION 190. MAILING ADDRESS (Street and Number or Rural Route Same as #10 209. METHOD OF DISPOSITION (Name of Completed) 190. MAILING ADDRESS (Street and Number or Rural Route Same as #10 209. METHOD OF DISPOSITION (Name of Complete) (Graph of the place) 4 Doneston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS or FACILITY (Complete) (Graph as a Conscouence of): 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such states and consciouence of): 100 DUE TO (OR AS A CONSCOUENCE OF): 11 DUE TO (OR AS A CONSCOUENCE OF):	ORIGIN? (Specify Vereurio Rican, etc.) 18b. KIND OF BU: Nationa (First, Middle, Maiden Adle to Number, City or Tow DATE 20c. LO 0-93 Paj	916 9c. COUNTY Balt 10g. CITIZEN U. S s or No. 14. SINESS/INDUST al Brew er wm, Stete, Zip Coc position — City rkVille me, Inc., Md. 2	Maryland OF DEATH timore 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, atc. Specify: White TRY Wery de) OF TOWN, State P. Maryland C. 21204 T. Approximate Interval Batwa
98. FACILITY NAME (If not institution, give street and number) Greater Baltimore Medical Center Towson RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Baltimore 109. STATE 108. COUNTY Baltimore 109. STATE 109. COUNTY Baltimore 109. STREET AND NUMBER 1222 Walker Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1% YES 2 NO FF YES, QIVE WAR OR DATES 1 Never Married Married 19 YES 2 NO Specify: 15. DECEDENT'S EDUCATION (Cive Wind or work done during most of working life to completed) 15. DECEDENT'S EDUCATION (Cive Wind of work done during most of working life to complete on the following most of working life to complete on the following life to work done during most of work life life life life life life life life	ORIGIN? (Specify Vereverle Rican, etc.) 166. KIND OF BU: Nation: (First. Middle, Maiden Adlete Number, City or Tow DATE 20c. LO 0-93 Paj	sc. COUNTY Balt 10g. CITIZEN U.S c or No.— 14. SINESS/INDUST al Brew Summane) er VM. Stete, Zlp Coc DOCATION — City rkVille me, Inc., Md. 2	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S.A. RACE—American Indian, Black, White, atc. Specify: White THY Wery or Town, Stata e, Maryland C. 21204 t, Approximate interval Batwa
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CAUSE (Disease or injury that initiated events resulting in death) LAST	Anany	8m	
d			
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part A to read failure Les pirety failure	rt I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check of	nak anel		
EXAMINER? HOSPITAL: OTHER:			
To restance of	Other (Specify) Bd. DESCRIBE HOW I	INTITIES OCCUPA	RED
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?	o, organice now i		
2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 28i.	BI. LOCATION (Street	and Number or F	Rural Route Number.
4 Homicide detarmined building, sic. (Specify)	City or Town, State)		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the death occurred at the time, data and place, and due to the death occurred at the time.			ause(s) and manner as stated
29b. SIGNATURE AND FITTLE OF CERTIFIER 29c. LICENSE NUMBER	R	29d. DATE SI	IQNED (Month, Day, Year)
Al Kotolo MO D38712		▶ 81	18/93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Francis Rotolo G.B.M.C. Towson, Md. 21204			
DE A LEGICES INCLUSIO UTADAMA INTERNATIONALISMA			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

Ball Co. Trace and September 10 inclinates

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		OINTE OF I	WALL LAN	CERTIFIC		HEALTH AND F DEATH	REG. NO			24104
1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
ROBERT	н.		ARM	STRONG	II	I	07 25	1 Q	YEAR 2015 D	
4. SOCIAL SECURITY NUM	BER	5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 -	a. BIRT	IPLACE (State or Foreign
222-18-6124	4	1 🔀 M 2 🗌 F	61	YRS.	ONTHS DAYS	HOURS MIN.	July 31,	1931	Coun	mington, DE
9e. FACILITY NAME (If not in	natitution, give s	street end number)			96. CITY, TOWN	OR LOCATION OF E		9c. COUNTY OF DEATH		
5201 PAR		IGHTS A	VE		BALT	IMORE		E	Balt	imore
10e. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
MD	Bal	timore		Balt	imore					LIMITS?
10e. STREET AND NUMBER						IOF. ZIP CODE		10g, CIT	IZEN OF	WHAT COUNTRY?
5201 Park H	lots Av	ze. Barn	#5 1	R moos		21215			J.S.	
11. MARITAL STATUS	500 110	12. WAS DECEDEN			13 WAS D		NIC ORIGIN? (Specify Ye			E - American Indian.
1 Never Married 2 3 Widowed 4 Dive		FORCES? IF YES, OIVE V Korea	X YES 2	□ NO	If yes,		an, Puerto Rican, elc.)	e or no	Bled	k, White, etc.
	CEDENT'S EDU		16	e. DECEDENT'S U	SUAL OCCUPA	TION	16b. KIND OF BU	JSINESS/IN	DUSTRY	
(Specify on Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5	*)	(Give kind of wo	rk done during r retired.)	most of working		ARCHIO.	THE STATE OF	
	,	2		ice Pres	ident		Mason	rv Co	ntra	ctor
17. FATHER'S NAME (First, N	fiddle, Last)					18. MOTHER'S N	AME (First, Middle, Melder			
Robert H. A		ong, Jr.					L. Ide	. so willing)		
19e. INFORMANT'S NAME (-6,		105 MAIL INO A	ODDESS (Street		Route Number, City or To	un Chata Zi	n Carda)	
Armstrong,		d C					airfax, Wi			DE 10000
23. PART J. Enter the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injected intilated events resulting in death) LAS	neart failure.	a. DUE TO	OR AS A CO	a death. Do no line. Lerotic Lerotic Machine MSEQUENCE OF: MSEQUENCE OF:	t anter the m				reat,	Approximata Interval Between Onset and Death
PART II. Other algnifica		atuctue	death but		the underlyl	-		RMED?	24	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	1 Inpatient 2		nt 3 🗆 DOA	OTHER:	ome 5 Kesidence	heck only one) 8 Other (Specify)	~		
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he Davidson-Randelle

Penn Street, Baltimore, Maryland

2120

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing miniman found after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10 +1VA

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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	FOR 1 STATE	STATE OF MARYL	AND / DE	PARTMEN	IT OF I	fealth and	MENTA	AL HYGIEN	_E 93	3 2	4185
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	~				DEATH	2. DAT	REG. NO		3.	TIME OF DEATH
	LFRANK	2DGAR		ARM	nE.	5	AS.	my set	7 10	VEAR Q3	· Ints AN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birth	nday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	577-01-8473	1 [X] M 2 □ F 7	9 v	RS. MONTH	DAYS	HOURS MIN.	Marc	ch 29.		Virgi	1.10
	9e. FACILITY NAME (If not institution, give s			9b, CI	ry, town (OR LOCATION OF O		JII 23,		TY OF DEAT	
DIRECTOR	SOUTHERNMA	IRYLAND HO	Spita	4	2 .	ton, MA		LAND	1	NCE (DE0262
ZE	10e. STATE 10b. COUNTY	1	100	c. CITY, TOWN	OR LOCAT	TION				10	d. INSIDE CITY
ā	Maryland Prince	George's		Brandy	wine						LIMITS?
FUNERAL	10e. STREET AND NUMBER			<u> </u>		. ZIP COOE			10a. CITIZ		T COUNTRY?
R	3109 Floral Park	Road				20613			ľ		
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIIS ADMED	149		ENDENT OF HISPAI				ed St	
₽	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO		If yes, sp	ecity Cuben, Mexice 2 NO Specif	n, Puerto	Rican, etc.)	or No-	Specify: Whit	American Indian, hite, etc.
品	15. OECEDENT'S EDUC	CATION	18e. OECEDE	NT'S USUAL	OCCUPATION	ON	16	b. KINO OF BU	SINESS/INDL		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kir.	nd of work done iOT use retired.	e durina ma	st of working					
립	12th	-0-	Mach	inist				Naval	Gun F	actor	·V
O	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (E)-			actor	у
0	Mott Van Armes					Nora Le			Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)		400 000								
5	Beverly J. Blend					ark Road					nd 20613
	20g METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remo	20b	PLACEANDD	ATECEDIER	CITION /No	moot		75 200 10	CATION		0
	4 Donation A Donation 3 Remo	vel from State	etery, cremator	y or other place	al G	ardens O	8-06	-02 Wa	Idonf	Man	uland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	111103	22	NAME AN	D ADDRESS OF FA	CILITY	-эр ма	ruori	• I'ld I'	yland
	Mark 13.12			Į T	he H	untt Fun	eral	Home,	Inc.		
	Mark G. Brohaw			P	.0.B	ox 156,	Wald	orf, M	aryla	nd 2	0604
	23. PART I. Enter the diseases, or c	omplicatione that ceused	the deeth.	Do not ente	r the mo	de of dying, suc	h aa ce	rdiac or respi	ratory arre	et,	Approximate
	anock, or neart tellure. I	List only one cause on ea	ech line.								Interval Between Onset and Death
	disease or condition	Minin	1 1	1							Unset and Death
- i	resulting in death)	DUE TO (OR AS A	CONSCINENT	100/12	se-						18 m
_		0 1		0	1	1	/	- /			1
CERTIFICATION	Sequentially liet conditions,	DUE TO (OR AS A	1410	The C	4/0	TOVASO	101	3	1se	750	3-79
F	if any, leading to immediate cause. Enter UNDERLYING	DOE TO OH AS A	CONSEQUENC	CE OF):							1
5	CAUSE (Disease or injury	CAVALA	0/4	may	MI	A					183
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUEN	CE OF							
E		1									[[
	PART II. Other algnificant conditions	e contributing to death by	ut not requit	log in the o			D. A.I.				
8		- commoning to doom be	at not reedit	ang in the u	most i ying	g ceuse given in	Part I.	24s. WAS AN PERFOR			RE AUTOPSY FINDINGS MLABLE PRIOR TO
à								1 TYES 2	NO		MPLETION OF CAUSE DEATH?
Z					_			_ ′		1 [YES 2 NO
ä											
×.	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only o	ne)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	atlant 3 D DC	OTHE		a & C Bestderes					
₹	27. MANNER OF CEATH	26e. DATE OF INJURY		TIME OF	28c, INJ	e 5 Residence		SCRIBE HOW II	I Him occi	1050	
	1 Netural 5 Pending	(Month, Day, Year)		INJURY	WO	RK?	200. DE	SCHIBE NOW II	130HY OCCU	IHEU	
В	2 Accident Investigation	26. DI ACE OF BUILDING	44.5			ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, fa	irm, street, fac	ctory, office	•	28t. LO	CATION (Street a or Town, State)	nd Number o	Rural Route	Number,
H											
4	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death oc	curred at the	time, date	and place, and due	to the ca	use(e) and man	ner as stated	ı.	
COMPLETED		3: On the besis of examination									d menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		4 =								
H	J Z 7116	Edan n	120			DOL9	D. 3		29st. DATE:	SIGNED IMO	Piny, Year) 99
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH UTCAS CO	CT D		/			F	0	1100

32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

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4 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detached for use as the	burial, cremation, or removal
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SICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	te
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	DOUGLAS 4. SOCIAL SECURITY HUMBER					2. DATE OF DEATH	DAY	3. TIME OF DEATH
1	A STATES SECTION V MIMBEO	LEE		ANGLE		08 06		
	217-70-6732	152 M 2 □ E 3	(In yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS		May 23,	956	8. BIRTHPLACE (State or Fore Coupty) Indiana
5	9a. FACILITY HAME (If not institution, give s MONTGOMERY GEN RESIDENCE OF DECEDENT	NERAL HOSP	ITAI.	9b. CITY, TOWN	N OR LOCATION OF D	EATH	5.00	ONTGOMERY
E	Maryland Pr:	ince George'		urel				10d. IHSIDE CITY LIMITS? 1 - YES 2 - H
VERA	713 Park Avenue,				20707		U	SA
À	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO	If yes,	ECENDEHT OF HISPA apocity Cuban, Maxic ES 2 NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:	Yea or Ho—	14. RACE — American Indian Black, White, stc. Specify: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ork done during i retired.)	TION most of working ol Analys	t Pla	stics	USTRY
Щ.	17. FATHER'S NAME (First, Middle, Last) Hugh David Ang	leton			18. MOTHER'S NA	AME (First, Middle, Maid S Lucille		У
2	198. IHFORMANT'S HAME (Type/Print) Hugh David Anglet		9584	s.W. 19	94th Circ	Route Number, City or 1		code) Florida 3443
	20a. METHOD OF DISPOSITIOH 1 Strate 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE O metery_cremetory or off arford Me	FDISPOSITION (ner place). MOTIAL	Rame of Gardens	0ATE 20c. 8-11-93	Aldin	O, Md.
	21. SIGHATURE OF FUNERAL SERVICE LIC	McCom	estil	Howa:	Cokeshur	omas III	hinada	l Home, P.A.
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Examplications that cause List only one cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the caus	ed the death. Do not be ach line.	in enter the n	nods of dyling, aud	The a cardiac or res	piratory arre	Approximatinterval Bet Onset and I
IFICATI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF					
MEDICA	PART II. Other algnificent condition	s contributing to death	but not resulting in	the underlyi	ing cause given in	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL DF GEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient *** TypeR/Out		OTHER:	PLACE OF OEATH (Ch			
ву Рну	27. MAHHER OF OEATH 1 Hatural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 08/06/1	28b. TIME	OF 28c. If	VURY AT VORK?	28d. DESCRIBE HOW DRIVER		TO/STRUCK
8	3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, atc. (Spe	ecify)	C ROA		201 LOCATION (SINGLE OF THE ROAD SINGLE OF THE ROAD		
COMPLET		CIAN: To the best of my known. R: On the beele of examination				to the cause(s) and m	anner as stated	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHO	M			29c. LICENSE NUI		 	SIGNED (Month, Day, Year)

		FOR
1	-	STATE
•		REGISTRAR

	1 - STATE REGISTRAR	STATE OF N		DEPAF ERTIF					MENTA	REG. NO.	Ē		
1	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEATN
	ELLEN R. BARN	ETT							0.7	/31/93	٧	YEAR	11:05 am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTN		8, BIRTN	PLACE (State or Foreign
	215-46-3500	1 M 2 XF	47	YRS.	MONTHS	DAYS	HOURS	MIN.		/04/45		WASH	INGTON, DC
~	9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY	Y, TOWN C	R LOCATIO	ON OF DE			9c. COU	NTY OF D	EATH
6	NIH. THE CLINICA	L CENTER			BET	HESD	A. M	ARYL	AND		MONTGOMERY		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIR	MARYLAND MONTGO	OMERY		SIL	VER	SPRI	NG						LIMITS?
AL	10e. STREET AND NUMBER			1		101	ZIP CODE				10g. CIT		THAT COUNTRY?
FUNERAL	420 GREENBRIER D	R				20	0910				USA		
5	11. MARITAL STATUS 1 Naver Married 2 V Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AF		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGI	N? (Specify Yes Rican, atc.)	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES				ricari, ato.)		Specif	y:
	15. DECEDENT'S EDU	CATION	16a, Di	CEDENT'S	USUAL O	CCUPATIO	ıM		140	. KIND OF BUS	IMEGG //AI	DUCTOV	WHITE
E	(Specify only highest gradi	completed) College (1-4 or 5+	(0	ive kind of Do NOT u	work done se retired.)	during mo	st of working	g		K KIND OF BOS	IMC99/IM	DUSTRI	
를		5		CHOT	IERAI	PIST				SELF-EN	1PLO	YED	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First,	Middle, Malden S	Sumeme)		
BE	THEODORE ROSENBE	RG					ISAI	BEL 1	MIAN	AN			
ဥ	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			
	BREESE WHITE (HU 20a. METNOD OF DISPOSITION	SBAND)						SI	- 1	SPRING			
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	lovel from State	20b. PLACE						8/			City or Tov	vn, Stata VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	NAME AN	D ADDRES	S OF FAC	OII ITY				
	e//	11.1.	fore										ELS, INC.
	23. PART I. Enter the diseases, Dr	complications that	caused the de	ath. Do i						KE, ROC			MD 20852 Approximata
	ahock, or heart fallure. iMMEDIATE CAUSE (Final	List only one caus	se on aach line	B.									Interval Batween Onset and Death
- 1	disease or condition resulting in dasth)	METAS'	TATIC B	REAST	CAN	ICER							10 YEARS
		DUE TO	OR AS A CONSE	QUENCE O	F):								
8	Sequentially list conditions,	b	· · · · · · · · · · · · · · · · · · ·										
E	if any, leading to immediate cause. Enter UNDERLYING	000 10 (OR AS A CONSE	OUENCE O	-):								
띮	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	OUENCE O	7:								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other algnificant condition	ns contributing to	death but not i	resulting	n the ur	nderivino	Called	luna la i	Dort I	24a, WAS AN	UTTOBEY	1.00	WERE AUTOPSY FINDINGS
SAL				counting		derrymig	couse g	iven m	raiti.	PERFORI	MED?	-	AMILABLE PRIOR TO COMPLETION DF CAUSE
요									_	1 TYES 2	[ANO		OF DEATH?
÷ .:													1 TES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DI	EATH (Che	ck only or	10)			
l Si	1 TES 2 XXVIO	HOSPITAL:	ER/Outpetlent 3	□ DOA	4 - Nur	R: sing Homi	5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF I (Month, Da		28b. T/M INJ	E OF URY	28c. INJU			28d. DE	CRIBE HOW IN	JURY OC	CURED	
à	2 Accident Investigation	20- 21 405 01	- Maritimer As a		M		ES 2	NO					
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined	building, a	FINJURY — At ho atc. (Specify)	итне, тактп, г	treet, fact	tory, office			28t, LOC City	ATION (Street ar or Yown, State)	nd Numbe	r or Runal Ro	oute Number,
9	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN. To the best of	SUL POBLATO		1000			55.75		-			
₹	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of s ER: On the basis of ex											and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE		0.01				29c. LICE			T			
BE		Berns	I Lil	`			D.C.			5	DAT	7 31	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH											. / -	
	Bernard Parker			000	OCK	/ILLE	PIK	E, E	BETH	ESDA, M	(ARY)	LAND	20892
	31. DATE FILED (MONTH, Day, Year) AUG 05 1993	Julie Se	S SIGNATURE	dell									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtaintening be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Propes 1, be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF H	DEAT	AND ME	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Migdle, Last)	Eurica F. B	radfield	1)=(1)			3/2/93		M
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 2	74 HDC 7	DATE OF BIRTH (Month, Day, Year) 5		BIRTHPLACE (State or Foreign	-
	1100 11 02/0		71 YRS.	MONTHS DAYS	HOURS	MIN.	(Mornin, Day, real) 5	3/24	W. Virginia	
~	9e. FACILITY NAME (If not institution, give etreet a	and number)		9b. CITY, TOWN	OR LOCATIO	N OF PEATH		9c. POUNTY		_
P.	8300 Rambler Drive		I	Adelph	i .			Princ	e Georges	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	=
DIRECTOR	Mdryland Prince	Georges		. "	Ton.				LIMITS?	
N.	10e. STREET AND NUMBER	GED! NES	Acre	elphi 10	f. ZIP CODE			10n CITIZEN	1 X YES 2 NO	_
ER/	8300 Rambler Drive				2078	23		USA		
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	CENDENT OF	HISPANIC C	ORIGIN? (Specify Yes		. RACE — American Indian,	_
BY F		FORCES? 1 YES		If yea, sp	ecify Cuben,	, Mexican, Pr	uerto Rican, etc.)		Black, White, etc. Specify:	
			-111			2022			White	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		(Give kind of a	Work done during mo	ON ost of working	,	16b. KIND OF BUS	INESS/INDUS	TRY	
ZE		ollege (1-4 or 5 +)	life. Do NOT us							
MC	12 17. FATHER'S NAME (First, Middle, Last)	0	housew	ife	10 110711		own hor			_
	Winfield S. Funkhou	cor					First, Middle, Maiden S	Sumeme)		
BE	19a. INFORMANT'S NAME (Type/Print)	261	19b. MAILING	ADDRESS (Street)		Park	Number, City or Town	24-42 7kg Co	4.	-
2	Eula F. Kasper									
	20e. METHOD OF DISPOSITION	20b. F		OF DISPOSITION IN		SILV	er Sprin		20901 y or Town, State	_
	1 X Buriel 2 Cremetion 3 Removal 1 4 Donation 5 Other (Specify)	from State cemet	tery, crematory or of	ther place)		1 1 1			d, W. Virgini	
	21. SIGNATURE OF ENNERAL SERVICE LINENSE	E, / ,	Dany Ale	22. NAME A	ND ADDRESS	S OF FACILITY	W Hines-1	Pinald	d, W. VIIgini	. 6
	Marion	And I	_	11800	New	Hamps	hire Ave	итпата	li Funeral Hom	16
	23. PART I. Enter the diseases, or comp	lications that caused (the death Do r	Silve	r Spr	ing,	MD 20904	4		_
	iMMEDIATE CAUSE (Fine)	only one cause on eec	ch lina.						Onset and Death	
NO	Sequentially list conditions,	DUE TO (OR AS A C	CEAH	Sic Car	الداولا	Ascu	lan Di	seas	0	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	BAE IA fatt un ta	YON-SECUENCE OF	rj:						
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	F):						_
F	resulting in death) LAST									
2	PART II Other significent conditions co	at the time to death but		· · · · · · · · · · · · · · · · · · ·						
CAL	PART il. Other algnificent conditiona con	ntributing to death bus	l not resulting i	in the underlying	g cause giv	ven in Part	t i. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC							1 YES 2 [□ NO	OF DEATH?	
Σ									1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26 84	100 OF DEL	The Wheel of			L	_
Sic	EXAMINER? HO	SPITAL:	2 D DOA	OTHER:	LACE OF DEA					-
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	4 Nursing Hom			Other (Specify) 1. DESCRIBE HOW IN.	"'BY OCCUP	En	4
4	Netural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK?		I. DESCRIBE NOT IN	JUNT OCCUM	BED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, ferm, a			_	. LOCATION (Street en	d Number or F	Rural Route Number,	\dashv
Ē	4 Homicide determined	building, atc. (Specify	1)				City or Town, State)		THE STATE OF THE S	
7	29e, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the beat of my knowled	dge, death occurry	ed at the time, date	and place a	and due to th	to Causa(a) and mann	or on eleted		+
COMPLETED	one) 2 MEDICAL EXAMINER: On				leath occured	d at the time,	, date end place, end		euse(e) end menner ee stated.	
TO BE	Sullandure and title of certifier	and were	2014 M	edical	29c. LICEN	D 18	52	29d. DATE SI	GNED (Month, Day, Year)	
	PANL A. DEVUE	MPLETED CAUSE OF DEATH	13 20 (Type,	ens Su	y Ru	(Ny	a thou !	E MA	18005	
	AUG 05 1993	PREGISTRAR'S SIGNAT	fandell							

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1. DECEDENT'S NAME (First, Middle

26 973

IFVER

4. SOCIAL SECURITY NUMBER

BIEVER

DAYS

HOURS

Ε.

RAYMOND

6. AGE (In yrs. last birthday)

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9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 13107 ELSDALE COURT, #101 20851 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yan or No-1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican 1 TES 2 1 NO B∀ Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elamentary/Secondary (0-12) College (1-4 or 5+) MAINTENANCE WORKER Once. 17. FATHER'S NAME (First, Middle, Last) 1e. MOTHER'S NAME (First, Middle, Maiden Surname) 70 **EDWOOD** BIEVER BE STELLA notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13107 ELSDALE COURT, #101, PATTATUCCI pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must METROPOLITAN CREMATORY 8/2 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mark medicai 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ee cardiec or reepiratory arrest, ehock, or heart fellure. Liet only one cause on each line. 6 **IMMEDIATE CAUSE (Finei** has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition ULMONARY EDEMA resuiting in death) event. DUE TO (OR AS A CONSEQUENCE OF): CORONAM HEART DISEASE traumatic CERTIFICATION Sequentielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury. PART il. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL requires that the апу DEPENDENT BIABETET 1,200 000 Shows LUKG DISEASE CHRONIC MUCTIPUL MUDESTOTAL PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) E P item After this certificate I death with the State HOSPITAL: OTHER: HOSPITAL DR ATTENDING PHYSICIAN: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked. 5 Pending Investigation 1 Notural м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, straet, fectory, offica building, etc. (Specify) 69 3 Suicide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 item 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and manner as stated. FUNERAL I = 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: I 296 SIGNATURE AND TITLE OF CERTIFIER 29g. LICENSE NUMBER BE quy N 9 30. NAME AND AODRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3720 FALLABUR SHA MARTIN 26 C MID ENGLAGTON AUG 03 1993 A. DEGIS MARIS SIGNATURE

2. DATE OF DEATH 3. TIME OF DEATH 1428 P " IF UNDER 1 YEAR | IF IMDER 24 HRS 7. DATE OF BIRTH 109/ MINNESOTA 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, Whita, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY MAINTENANCE SWANGER ROCKVILLE, MD 20851 20c. LOCATION — City or Town, Stata ALEXANDRIA, VA FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 Approximete interval Between Onset and Death MONTHS 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) 93 DVE

20195

1 - STATE REGISTRAR	STATE OF MAI				F DEA			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)				CHEN			2. DATE OF			3. To	ME OF DEATH
BERTA ALICIA	CASTILLO	BERG		Ollini	AODI		JULY	2.7	14	193 1	1:05 A H
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		F UNDER 1 YEA		R 24 HRS.	7. DATE OF (Month, L			7.0	E (State or Foreign
218-90-9967	1 □ M 2 🔀 F	51	YRS.	ONTHE DAY	HOURS	MIN.	SEP		1942		TEMALA
9e. FACILITY NAME (If not institution, give s		- 11			N OR LOCAT				44	Y OF DEATH	
WASHING TON I	ADVENTIST	1105	7	TAKON	nA f	PARK		/	MONT	GO MI	ERY
10e. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR LO	CATION					10d.	INSIDE CITY
MD. PR	INCE GEORGI	ES		MT. F	RAINIE	R					LIMITS? YES 2 NO
10e. STREET AND NUMBER					10f. ZIP COL	DE			10g. CITIZE	N OF WHAT	COUNTRY?
2703 ARUNDEL						712				JUATEM	ALA
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 N	MED O	If yes	, specify Cub	en, Mexica	n, Puerto Rici	Specify Yes o	r No- 1	4. RACE — A	mericen Indien, le, etc.
3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	DR DATES		1 💢	YES 2 NO	Specify		EMALA	N	Specify:	ISPANIC
15. DECEDENT'S EDUC (Specify only highest grade			CEOENT'S US		ATION most of work			ND OF BUSIN			10171110
Elementary/Secondary (0-12)	Coilege (1-4 or 5+)	lite.	Do NOT use r	etired.)	THOSE OF WORK	my					
17. FATHER'S NAME (First, Middle, Last)			COOK						STAU	RANT	
VICTOR	CASTILL	,			16. MOT			die, Maiden St			
19e. INFORMANT'S NAME (Type/Print)	CHOTITIE		MAILING AT	ODRESS /Stre	ed and Numbe		LLOMEN	City or Town,		RGANZA	
JOSE RODRIG	UEZ		SAME		TTEM	#10		City or lown,	Sterill, Zip C	ooe)	
20s METHOD OF DISPOSITION		20b. PLACE	ND DATE OF	DISPOSITION		77.1.0	OATE	20c. LOCA	TION CI	ty or Town, S	inte
4 Donation 5 Other (Specify)		CEME	natory or other	O GEN	ERAL		8/11	GUAT	EMALA	CITY	GUATEMAL
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22. NAME	AND AODRE	SS OF FA	CILITY				9 0 0 1 1 1 1 1 1 1
11. W. (K	robbers	W MC	00091	W.	W. CH	AMBEI	RS CO.	. RIV	ERDAI	E. MD	20737
23. PART i. Enter the diseases, or c shock, or heert feilure.	omplications that ca	used tha de	ath. Do not	entar the	mode of dy	ing, suci	n as cerdis	or respira	tory erres	it,	Approximate
iMMEDIATE CAUSE (Final		0	1	1	- 1	0	1				Interval Between Onset and Death
disease or condition resulting in death)	seller	AS A CONSECUT	ONO	nast	a mad	_/8	Leed	up		1	14
	OUE TO (OR	AS A CONSEC	UENCE OF):	101-	1		100.	1			Koin.
Sequentially list conditions,	DUE 70 (OR	AS A CONSEC	UENCE OF:		29	Um	nces				
If any, leading to immediate cause. Enter UNDERLYING	alie	ilial	ù C	ish	CX'					ĺ	1
CAUSE (Disease or injury that initieted events	DUE TO (OR	AS A CONSEC	UENCE OF):								
resulting in death) LAST											
PART il. Other significant conditions	contributing to des	th but not re	sulting in	the underly	ing ceuse	given in	Part i. 24	a. WAS AN AL	JTOPSY	24b. WERE	AUTOPSY FINDINGS
								PERFORM		COMP	ABLE PRIOR TO LETION OF CAUSE
							_ '	_ 123 1 g	A		YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			26 THER:	PLACE OF C	EATH (Che	ick only one)				
1 YES 2 NO	1 Inpatient 2 ER		□ DOA 4	☐ Nursing H		eeldence	S Other (S				
27 MANNER OF DEATH			26b. TIME O		INJURY AT		28d, OESCR	IBE HOW INJ	URY OCCUI	RED	
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye		INJUR		WORK?	¬ NO					
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	IURY — At hor	INJUR	M 1 [WORK?	□ NO		DN (Street and	1 Number or	Rural Route N	lumber
1 Natural 5 Pending Investigation	(Month, Day, Ye	IURY — At hor	INJUR	M 1 [WORK?	□ NO	28f. LOCATIO	DN (Street end own, State)	1 Number or	Rural Route N	lumber,
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, M. 28e. PLACE OF IN. building, etc.	IURY — At hor (Specify)	INJUR	M 1 [WORK? YES 2		28f. LOCATH City or 1	own, State)			lumber,
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	(Month, Day, Ye	IURY — At hor (Specify)	injur	M 1 [et, factory, o	WORK? YES 2 [ffice	, end due	28f. LOCATH City or 1	own, State) e) end manne	or es stated.		
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	(Month, Day, Month, IURY — At hor (Specify)	injur	M 1 [et, factory, o	WORK? YES 2 [Hice	, end due red at the	28f. LOCATION City or 1 to the cause(time, date and	own, State) e) end manne d place, end e	or es stated.		nanner ee stated.	
1 Natural 2 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF, CERTIFIER	(Month, Day, W. 28e. PLACE OF IN. building, etc. CIAN: To the best of my it. On the basic of examin	IURY — At hor (Specify) unowledge, dea	injur	M 1 [et, factory, o et the time, d n my opinion	WORK? YES 2 [Hice Hite end place In, death occur 29c. LICI	end due red at the ENSE NUM	28f. LOCATION City or 1	e) end manne d place, end d	or es stated. due to the c	SIGNED (Month	manner ee stated.
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1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	(Month, Day, W. 28e. PLACE OF IN. building, etc. CIAN: To the best of my it. On the basic of examin	JURY — At hor (Specify) unowledge, deanation end/or is	injurine, farm, streath occurred a westigation, i	M 1 [et, factory, o et the time, d n my opinion	WORK? YES 2 [Hice Hite end place In, death occur 29c. LICI	end due red at the ENSE NUM	28f. LOCATION City or 1	own, State) e) end manne d place, end e	or es stated. due to the c	SIGNED (Month	manner ee stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

the same of the sa

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	1. DECEDENT'S NAME (First, Middle, Las	*** Frederick	C D.	Berar	rdi				MONT	of OEATH	, 1993	YEAR	4:30													
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER	t YEAR	IF UNDER	24 HRS.		OF BIRTH	, 1000	8. BIRTNPI	ACE (State or Fore													
	577-24-6384	1 📉 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	July	h. Day. Year)	1921 W	lashi	ngton,													
BO	3911 Kincaid Te					nsin	R LOCATION	ON OF DE	ATH		9c. COUNT	ry of DEA														
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COU																									
- DIRECTOR	Maryland Mor	ntgomery		100	ensi	ngto	n					1	Od. INSIDE CITY LIMITS? YES 2 X N													
FUNERAL	3911 Kincaid Ter	rrace				10f	. ZIP CODI		0895				tates													
B∀	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS OECEDENT FORCES? 1) IF YES, GIVE WA	YYES 2	NO	1	if yea, spe	elfy Cuba	n, Maxica	n, Puerto	t? (Specify Ye Rican, etc.)	e or No—	Specify:	- American Indiar White, etc. hite													
ETED.	15. OECEDENT'S E (Specify only highest gr	DUCATION ade completed)		DECEDENT'S (Give kind of Iffe. Do NOT u	work done o	CCUPATIO	ON st of workin	ng	166	. KIND OF BU	SINESS/INDU															
PLE	Elementary/Secondary (6-12)	College (t-4 or 5+)		Carpen					L	lome Tr	mprove	ment.	S													
COMPL	17. FATHER'S NAME (First, Middle, Lest)								ME (First,	Middle, Malden			e mile													
BE	Fred Berardi			***				_		leist																
2	19a. INFORMANT'S NAME (Type/Print) Grace T. Berai	rdi	714	_	ane a	_		or Rural F	Route Num	ber, City or Tox	vn, Stete, Zip (Code)														
	20a. METHOD QF DISPOSITION		20b. PLAC	EANDDATE	OFDISPOS	ITION (Na	me of		OAT	E 20c. LC	CATION — C	Ity or Town	n, Stata													
	1 Buriel 2 N Cremation 3 R 4 Donation 8 Other (Specify)		Sub	orematory or o	ther place) Cre	mato	ry		8-				, Maryl													
	21. SIGNATURE OF PUNERAL SERVICE	UCENSEE	an	= 11	R	app		ral	Serv	ices,	P. A.															
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Final	or complications that re. List only one caus	caused tha	deeth. Do	not enter	the mo	de of dy	ing, suc	h aa can	Silve diac or reap	er Spr	ing, et,	Approxima interval Be Onset and													
CERTIFICATION	shock, or heart fellus	a. OUE TO (Caused the ase on each if	SEQUENCE O	not enter	the mo	de of dy	Avening, suci	h aa can	Silve diac or reap	er Spr	ing,	Approxima interval Be Onset and													
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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examiner must be notified at once.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
je.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova
he goeral director, page 5 should be detached for use as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the general director, page 5 should be detached for use as
redeath. Page 6 may be retained by the hospital or attend	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6, final be retained by the hospital or attend
BALLMORE, MARYLAND 21215	DIVISION OF VITAL RECORDS, P.O. BOX 88760,

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I	EALTH AND	MENTAL HYGIEN		24192
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	Anne	-2	ruce	DEATH	2. DATE OF DEATH MONTH July 30,	AY VEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-30-3662	1 🗆 M 2 🖾 F	GE (In yrs. lest birthday) 97 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 2,18	8. BIF	TTHPLACE (State or Foreign Intry) Scotland
TOR	96. FACILITY NAME (If not institution, give s Wilson Health Car RESIDENCE OF DECEDENT				thersbur		9c. COUNTY OF Mont	gomery
DIRECTOR	10a. STATE 10b. COUNTY	w Montgomery	10c. CIT	y, town or local	thersbur	g		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	301 Russell Avenu			10	2087	7	10g. CITIZEN OF	States
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR STANDARD OF	ES 2 XNO	If yes, sp	CENDENT OF HISPA ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yee an, Puerto Rican, atc.) y:	Bi	CE — American Indian, ack, White, etc. ************************************
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		(Give kind of v	,	ON est of working	16b. KIND OF BUS		
	17. FATHER'S NAME (First, Middle, Last) Robert W. Bruce		HOII	nemaker		ME (First, Middle, Maiden et Jane Mc		
TO BE	190. INFORMANT'S NAME (Type/Print) Joan P. Thayer					Route Number, City or Town ad Reston,		ia 22091
	20e. METHOD OF DISPOSITION 1 \(\tilde{\text{M}} \) Burlet 2 \(\text{Cremetion} \) 3 \(\text{Remit} \) Remit 4 \(\text{Donation} \) 5 \(\text{Other} \) (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ovat from State	20b. PLACE AND DATE Cometery, crematory or of GIENWOOD	Cemeter:	y 8/5	/93 Wasl	cation — chy or hington,	, DC
	· Will E	Baun	м00672					hrey Funeral ryland 20814
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	n aach iina.	Nas		th as cardiac or respin	retory arreat,	Approximata interval Batwean Onset and Daeth
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inflated aventa reaulting in death) LAST	с	S A CONSEQUENCE OF					
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	s contributing to deati	h but not resulting i	n the underlying	g cause given in	Part I. 24a. WAS AN PERFORE 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH 1. Naturat 5 Pending Investigation	1 Inpattent 2 ER/O 26e. DATE OF INJUR (Month, Day, Yea.	Y 28b. TIM	E OF 28c. tNJ URY WO		8 Other (Specify) 28d. DESCRIBE HOW th	JURY OCCURED	
	3 Sulcide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	PRY — At home, ferm, a specify)	treet, fectory, office		28f. LOCATION (Street a. City or Town, State)	nd Number or Rura	l Route Number,
COMPLETED		CIAN: To the best of my kn R: On the best of examina						o(e) end menner ee stated.
TO BE (29h. SIGNATURE AND TITLE OF CERTIFIER	500	- +	0	29c. LICENSE NUM	S46	29d. OATE SIGNE	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF	7 8	Print)	· lès (S	scousi	Bet	20814
	AUG 0 2 1993	Julie Devidon	n-Mindell					*

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FIMDRE, MARYLAND 21215-0020

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31. DATE FILED (Month, Day Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are coming to the control of	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by exameral or close.	ithin	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must it
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 5:38A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) AUGUST 22,1910 82 1 M 2 577-07-2682 YRS. WASHINGTON, DC 9a. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH HINGTON HOSPITAL DIRECTOR 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1001 SPRING STREET #507 20910 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Mexican, Pu IF YES, GIVE WAR OR DATES 1 TYES 2 NO B Specify. 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 VOLUNTEER SCHOOL SYSTEM at once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First Middle Maiden Surname) SETH REZNEK "UNKNOWN" SARAH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SETH BACH 1801 PHILLIP DRIVE - MEDFORD, NEW YORK 11763 2 20a. METHOD OF DISPOSITION

A Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 8 Other (Specify) ARLINGTON NATIONAL CEM. ARLINGTON, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 23. PART i. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or haart failure. List only one cause on each ilna. interval Between IMMEDIATE CAUSE (Final Onset and Death 27 hrs disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION 1 Sequantially list conditions, DUE TO AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO I YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 AND 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1- Natural 8 1400 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY At home, ferm, street, factory, office COMPLETED 3 Suicide 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated BE 29c. LICENSE NUMBER Year eurolog 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 RECISTRAR'S SIGNATURE

FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after dath. Page 6 mg/ be retained by the hospital and search of the attending physician and completely filled in by the funder direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, SHIRLEY	Lest)	BERNE			2. DATE OF DEAT MONTH AUGUST		3. TIME OF DEATH 10:00 AM m
	4. SOCIAL SECURITY NUMBER 282-24-0494	5. SEX 1 M 2 KF	6. AGE (In yrs. lest birthday 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye, MAY 27,	H (8. BIRTHPLACE (State or Foreign Country) OHIO
TOR	99. FACILITY NAME (If not institution, 9904 WALKER H	IOUSE ROAD,	# 2		OR LOCATION OF D		9c. COUNT	TY OF DEATH
DIRECTOR	10e. STATE 10b. C	OUNTY ONTGOMERY		ITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 9904 Walker Ho	ouse Road, #	2	10	20879			EN OF WHAT COUNTRY? TED STATES
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORGERS 4 F	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s		NIC ORIGIN? (Specifican, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5+)	(Give kind o	s usual occupat f work done during m use retired.)			F BUSINESS/INDU	STRY
BE CO	17. FATHER'S NAME (First, Middle, La MAX RABBINA	est)			18. MOTHER'S NA HENRIE	AME (First, Middle, M. ETTA SCHM	aiden Sumame) IUCKLER	
TO E	19a. INFORMANT'S NAME (Type/Print SHELLY BERNE	0				Route Number, City of 1, Myersv		aryland 21773
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation S Qther (1)	1	20b. PLACE AND DAT cemetery, crematory or MAYFIELD	cordisposition (A cother place) CEMETERY	ame of		c. LOCATION — CI	ty or Town, State d Heights, Ohio
	21. SIGNATURE DE FORIERAL SERVI	ICE GLEBHSEE		DANZA		LDBERG ME		CHAPELS, INC. 1e, MD 20852
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (0	DR AS A CONSEQUENCE DR AS A CONSEQUENCE DR AS A CONSEQUENCE	OF):	nce of	U Kno.	<u>8-1</u>	Intarval Between Onset and Death
DICAL	PART II. Other algnificant con	ditions contributing to d	leeth but not resulting	g in the underlyi	ig ceuse given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 100	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)	
TED BY PHYSICIAN: ME	27. MANNER OF DEATH 1	28e. PLACE OF building, e	NJURY 28b. T	M 1 🗆	JURY AT ORK? YES 2 NO		OW INJURY OCCU	VRED Vr Flural Floute Number,
COMPLETED	one) —	PHYSICIAN: To the best of n						d. ceuse(s) and menner ee stated.
BE	29b. SIGNATURE AND TYTLE OF CE	RTIFIER	Wit		29c. LICENSE NU	1MBER 698.	29d, DATE	SIGNED (Month Day, Year)
0	30. NAME AND ADDRESS OF PERSON 31. DATA FILED/MA/P/DO/100	ON WHO COMPLETED CAUSE Substitute Substi		pe, Print)	Philip	Driv	401	hey.

(4)	寄	1	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per L. Directors after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	I. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	l item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OF THE FUNERAL C DE filed within 72 h HOSPITAL

1

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Charles A. Baynard 1993 July 10 10:20 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 06-21-10 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 - F 220-26-2920A YRS 83 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Deer's Head Center Salisbury , Md. Wicomico 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Centreville MD Oueen Anne 1 YES 2XXNO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U. S. 2 Box 140 21617 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify, Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY lary (0-12) College (1-4 or 5 +) Engineer Maintenance Engineer Unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname)
Lavenia Blake Fred Baynard 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Carrielena Baynard Rt.2 Box 140 Centrevelle, MD 21617 20a. METHOD OF DISPOSITION

1X Burtal Crambolon 3 Re 20c LOCATION - City or Town, State Burrisville, MD 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 7 - 16Beneficial Podge Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fooks Funeral Service 917 W. Isabella Street-Salisbury, MD 21801 the diseases, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pneumonia MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Decubiti Ulcers CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Organic Brain Syndrome PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 ☑ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 5 Pending 1 X Natural 1 YES 2 NO BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29s. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner sa stated. 296. SIGNATURE AND TITLE OF CERPTIFIER 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, Year) BE 93 7 11 MD 16725 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Constante Tan Deer's Head Center P.O. box 2018 Salisbury Md 32. REGISTRAR'S SIGNATURE LAND 3 1993

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) KENNETH ROLAND B	LADES				2. DATE OF D		93 1:05 A M
	4. SOCIAL SECURITY NUMBER 219-01-8175			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF B		BIRTHPLACE (State or Foreign Country) MARYLAND
OR	9a. FACILITY NAME (if not institution, give 117 POPLAR STREE		9		RETARY		9c. COU	NTY OF DEATH RCHESTER
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
	MARYLAND DORC	HESTER	SECRE					1 🖾 YES 2 🗌 NO
FUNERAL	117 POPLAR STRE	ET			21664			USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE WWII	2 NO	If yes, spi	ENDENT OF HISPAR ocify Cuban, Mexica 2 NO Specifi	in, Puerto Rican		14. RACE — American Indian, Black, White, etc. Specify: WHITE
田田	15. DECEDENT'S EDU (Specify only highest grade	ICATION 1 completed)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo:	ON st of working	16b. KIN	OF BUSINESS/INC	DUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	WATERN				SEAFOOD	
	17. FATHER'S NAME (First, Middle, Last) ROLAND BLADES				All the second second second		, Maiden Sumame)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street a		Y CHAMI	SERS Ity or Town, State, Zij	p Code)
5	CECILIA BLADES				3, SECRE	_		
	20e METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State EAS	LACE AND DATE OF I	KKET CI	EMETERY		EAST NEV	W MARKET, MD
	21. SIGNATURE OF FUNCTIAL SERVICE LI		Cer .	P. O.	BOX 207	, EAST	NEW MARI	IN STREET KET, MD 21631
		complications that caused t List only one cause on eac	he death. Do not h line.	enter the mo-	de of dying, suc	h as cardiac	or respiratory an	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Me tasta	tic Sn	ac (Bu L	we (ADCE	Onset and Death
NO	Sequentially list conditions,	bDUE TO (OR AS A C					-	
ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C.						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
	PART II. Other significant condition	ns contributing to death but	not resulting in t	he underlying	cause given in	Part I. 24a	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						_ '	YES 2 AND	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
YSIC	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti		THER:	5 B Healdence		ocify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT RK? 'ES 2 NO	28d. DESCRIE	E HOW INJURY OC	CURED
'ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre			26f. LOCATION City or Tox	N (Street and Number vn, State)	r or Rural Route Number,
COMPLETED		ICIAN: To the best of my knowled						
8	296. SIGNATURE AND TITLE OF OCITIES		major investigation, i	n my opinion, a	29c. LICENSE NUI			he cause(s) end manner ee stated. [E SIGNED (Month, Day, Year)
TO BE	Sing Wal	chusel U	UD		D35	622	18	-11-93
-	30. NAME AND ADDRESS OF PERSON WI			957	Cam	BIN	E W	λ
	31. DATE FILED (Month, Day, Year)	32. AEGISTAGE'S SIGNAT	Mandill .					



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	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOS EPH	CO LLI	NS J0	seph Col	lins	2. DATE OF DEATH	2 93	YEAR 10 59 A M
	4. SOCIAL SECURITY NUMBER 577–26–8001	1 🔀 M 2 🗆 F	n yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1 (Month, Day 5 Year) 1	922	Country Wash, D.C.
OR	90. FACILITY NAME (If not institution, give s Holy Cross Hospi		prings	,	or LOCATION OF DE			y of DEATH tgomery
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT							
DIRECTOR	Maryland Montg	omery		v, town on Loca Lver Spi	11770			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 911 Whitehall St.				1. ZIP CODE 20901			S.A
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN Hecity Cuban, Mexical 2 NO Specify	NC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No — 14	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v		ON ost of working	16b. KIND OF BUS		STRY
OMPI	17. FATHER'S NAME (First, Middle, Last)	2 yrs. U.	S. Gouv	ernment		Electro		Engineer
BE C	Patrick J. Colli	ns			Mary C			
0	DeLois B. Collins		911 W.	ADDRESS (Street all	nnd Number or Rural F	Poute Number, City or Town Ver Spring	s Md.	20901
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State 20b.	PLACE AND DATE (of disposition (Ne	1y F.H.		CATION — CIN Fairfa	y or Town, State ax Va.
	21. SIGNATURE OF PUNERAL SERVICE CH	Frail-		22. NAME AI 11800	New Ham	pshire Ave	inald Silve	i Funeral Home er Spring Md.
	IMMEDIATE CAUSE (Fine)	List only one ceuse on ea	ich line.				atory arres	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	B. Refract DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	1	opati	hy.		
E	reading in death) Exs	d						
EDICAL (PART II. Other significant condition		it not resulting i		g cause given in	Part I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	() Mo	OF DEATH?
A N	55 VM 0 0105 BEEFFE BE							
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Itlent 3 DOA	OTHER:	ACE OF DEATH (Che			
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Nstural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCUR	RED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, stc. (Specif	At home, farm, s	treet, factory, offic		28f, LOCATION (Street at City or Town, State)	nd Number or	Rural Route Number,
P.E.	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	end place, end due	to the cause(a) and man	ner as atated.	
COMPLETED	one) 2 MEOICAL EXAMINE	R: On the beals of exemination						
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	\ .	D		29c. LICENSE NUM			1GNEO (Month, Day, Year) - 102/93.
	R. TREHAN, 50	w Edmonstor	TH (ITEM 27) (Type,	4-0 1, k	20 Ckvel	le MD	208	52
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his certificate has been signed by the attending physician and completely filled in by the funeral director,	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9a. FACILITY NAME (II not institution, give street and number) 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OF ROCK OF RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 10b. COUNTY 10c. STREET AND NUMBER 10c. CITY, TOWN OR LOCATION 10c. CITY, TOW	LIMITS? 1 Dec 1 10g. CITIZEN OF WHAT COUNTRY? United States ENDENT OF HISPANIC ORIGIN? (Specify Yes or No- secity Cuban, Mexican, Puarto Rican, etc.) 2 No Specify: 16b. KIND OF BUSINESS/INDUSTRY National Bureau of Standards 16. MOTHER'S NAME (First, Middle, Meiden Surmame) Nell Thurmond 16d. Middle, Meiden Surmame) Nell Thurmond
4. SOCIAL SECURITY NUMBER 461-09-1066 1	FUNDER 24 MRS. HOURS MIN. 7. DATE OF BIRTH (Morth, Day, Year) PR. LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 1 Yes 2 1 NO 1. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States ENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 12 K) NO Specify: 16b. KIND OF BUSINESS/INDUSTRY National Bureau of Standards 1a. MOTHER'S NAME (First, Middle, Meiden Surname) Nell Thurmond 1a. MOTHER'S NAME (First, Middle, Meiden Surname) Nell Thurmond 1a. MOTHER'S NAME (First, Middle, Meiden Surname) Nell Thurmond 1a. MOTHER'S NAME (First, Middle, Meiden Surname) Nell Thurmond 1b. KIND OF BUSINESS/INDUSTRY National Bureau of Standards 1c. MOTHER'S NAME (First, Middle, Meiden Surname) Nell Thurmond 1c. Maryland 21811 1c. Mother's Name (First, Middle, Meiden Surname) 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmond 1c. Mother's Name (First, Middle, Meiden Surname) Nell Thurmon
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3 Widowed 4 Divorced If YES, GIVE WAR OR DATES 1 YES 2	Specify: White In Specific White In Specify: White In Specific White In Specific White In Specific Whit
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19a. INFORMANT'S NAME (Type/Print) Patti Collett 12020 Snug Har 20a. METHOD OF DISPOSITION 1 Burial 2 (X Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND HOME / AVENUE 23. PART I. Entar the diseases, or complications that deused the deeth. Do not anter the model ahock, or heart fellure. List only one ceuse on aech line.	Nell Thurmond and Number or Rural Route Number, City or Town, State, Zip Code) arbor Road Berlin, Maryland 21811 ame of 7/31/9/3E orium, Inc. 20c. LOCATION — City or Town, State Bethesda, Maryland
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23. PART I. Entar the diseases, or complications that deused the deeth. Do not anter the mod- ahock, or heart fellure. List only one ceuse on each line.	ROCKVILLE, Maryland 20850-2805
IMMEDIATE CAUSE (Final	interval Between Onset and Death
disease or condition resulting in death) a. MYO CAR DIAL IN FI	ALCTION AUTE
disease or condition resulting in death) a. MYO CR D ML INFO PRINT IN PRIN	DIOVERNLAR DISERS INDEF
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ITY(TR() 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 HD D 3 C LHAST C 3 C LHAST	
0.000 0.000	g cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
PART II. Other aignificant conditions contributing to death but not resulting in the undarlying	PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE
	0F DEATH? 1 ☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 26. PLAN 1 2 ER/Outpetient 3 DOA 4 Nursing Home 1 2 ER/Outpetient 3 DOA 4 Nursing Home 1 2 DATE OF INJURY (Month, Day, Vear) INJURY WORTH	ACE OF DEATH (Check only one)
D EXAMINED HOSPITAL: 1 DIFE 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home	6 S Anaddence 6 Other (Specify)
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORI	URY AT 28d. OESCRIBE HOW INJURY OCCURED RICY PES 2 NO
1 (A recident Investigation M 1 TYE	_
1 (A recident Investigation M 1 TYE	a 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) end place, and due to the cause(e) and menner as stated.
Perioding Investigation	a 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) end place, and due to the cause(e) and menner as stated.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) M 1 VE 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 29c. CERTIFIER (Check only one) 29c. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, description.	a 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) end place, and due to the cause(e) and menner se stated, esth occured at the time, data and place, and due to the cause(a) and menner as stated.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER Treatigation M 1 VE	a 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) end place, and due to the cause(e) and menner se stated, esth occured at the time, data and place, and due to the cause(a) and menner as stated.

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page 5 should

director,

has been signed by the attending physician and completely filled in by the Dept, of Health and Mental Hygiene prior to burial, cremation, or remove

with the State Dept.

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executed within

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the death certificate

ATTENDING PHYSICIAN: The law

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DIVISION	

WILLIAM FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE OOK CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR DODD COOK 1. DECEDENT'S NAME (First, Middle, Last), 2. DATE OF DEATH 3. TIME OF DEATH llean 230A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) 1 🕅 M 2 🗌 F 442-07-8397 93 Oct.3, 1899 MD. 9a. FACILITY NAME (If not institution 9c. COUNTY OF DEATH DIRECTOR the RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION IMBIDE CITY MD. MONTGOMERY GAITHERSBURG 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 301 RUSSELL AVENUE 20877 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES β¥ 3- Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 ENGINEER NATURAL GAS CO. 17. FATHER'S NAME (First, Middle, Last)
WILLIAM CHARLES 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARIAN VIRGINIA PURACKER COOK Ħ 38 notified 19a. INFORMANT'S NAME (Type/Print) 2 MARY ANN WARD RT. #1, B OX 63, #2L CHELAN, WASHINGTON 98816 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Ħ 2 X Cremation 3 - Removal from State cemetery, crematory or other place)
METROPOLITAN CREMATORY 4 Donation 5 Other (Specify) ALEXANDRIA. examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882 21525 LAYTONSVILLE RD. LAYTONSVILLE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition DUE TO (OR AS A CONSEQUENCE OF): Oyear resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any PLETION OF CAUSE 1 TES 2 NO 1 - YES 2 XHO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 0 TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, o 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. OEŞCRIBE HOW INJURY OCCURED 28c, INJURY AT WORK? Natural
2 Accident 5 Pending Investigation 8 1 YES 2 NO 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 ETED CAUSE OF DEATH (ITEM 27) (Type, Print) Brookes 20 ames 31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

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1	•	STATE REGISTR	AR			
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10e. STATE

Maryland

11. MARITAL STATUS

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10e. STREET AND NUMBER

Roger Hilton

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elementary/Secondary (0-12)

17, FATHER'S NAME (First, Middle, Last) Thomas Calvert

19a, INFORMANT'S NAME (Type/Print)

20a. METHOD OF DISPOSITION

IMMEDIATE CAUSE (Final

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

6 Could not be

1 YES 2 NO

30. NAME AND ADDRESS OF

0'93

27. MANNER OF DEATH 1 Natural

2 Accident

3 Sulcide

4 Homicide

that initiated events resulting in death) LAST

disease or condition_ resulting in death)

3 Widowed 4 Divorced

380 Chesapeake Drive

Sa. FACILITY NAME (If not institution, give street end number)

Union Hospital of Cecil County

10b. COUNTY

Ceci1

15. DECEDENT'S EDUCATION

Catherine Irene Calvert

23. PART I. Enter the diseases, or complications that caused the death shock, or heart failure. List only one cause on each line.

PART ii. Other significant conditions contributing to deeth but not resu

29e. CERTIFIER

(Chack and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death 2 MEDICAL EXAMINER: On the basis of examination end/o

206. METHOD OF DISPOSITION

| Buriel 2 \$\overline{\text{Cremation}}\$ 3 \(\text{Removal from State} \)

4 \(\text{Donation} \) 5 \(\text{Qther (Specify)} \)

21. SIGNATURE OF TWEERAL SERVICE LICENSEE

(Specify only highest grade

4. SOCIAL SECURITY NUMBER

Calvert

5. SEX

1 🔯 M 2 🔲 F

B. AGE (In yes last hir

C

18. DECED

(Give k

Jo

196. M

20b. PLACE AND

R. A.

DUE TO (OR AS A CONSEQUE

DUE TO (OR AS A CONSEQUE

HOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 1

28e. PLACE OF INJURY — At home, building, etc. (Specify)

PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22 E. Cecil

Davidson-Randall

28e. DATE OF INJURY (Month, Day, Year)

38

73

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO

FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES

College (1-4 or 5 +)

0

STATE OF MARYLAND / DI

		93	24200
PARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	08 09	93	8:15 a M
RS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-27-1919	Counti	IPLACE (State or Foreign y) ryland
9b. CITY, TOWN DR LOCATION OF DE	EATH 9c	COUNTY OF D	EATH
Elkton		Cecil	
a. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
101. ZIP CODE	10	g. CITIZEN OF V	WHAT COUNTRY?
21914		USA	
13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	Black	- American Indian, c, White, etc.
ENT'S USUAL OCCUPATION Id all work done during most of working HOT use retired.)	16b. KIND OF BUSINES	SS/INDUSTRY	
ckey /horse trainer	Horse rad	cing	
	ME (First, Middle, Maiden Surn ah Geisler	ame)	
ILING ADDRESS (Street and Number or Rural			
) Chesapeake Dr. Cl			
ATEOFDISPOSITION (Name of y or other place) West Chest Cerris, Pennsylvan:	DATE 20c. LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE TO LOCATION LANGE	ON - City or To	
22. NAME AND ADDRESS OF FA	CILITY		
Crouch Funera 127 So. Main	L Home Street, Nort	h East,	MD 21901
Do not enter the mode of dying, suc	h as cardiac or respirato	ry arrest,	Approximata Interval Between Onset and Death
CE OFI	25		
CHF, Sefs Dependent Dependent	Diabet	es.	
oz or).			j
CE OF):			
ting in the underlying cause given in	Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 1	17	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	-		1 TES 2 NO
26. PLACE OF DEATH (Ch	eck only one)		
OA 4 Nursing Home 5 Residence			
B 28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJUF	Y OCCURED	
erm, street, factory, office	281, LOCATION (Street end N City or Town, State)	lumber or Rural F	Route Number,
ccurred at the time, date end place, and due	to the cause(s) and menner	as stated.	
ligation, in my opinion, death occured at the	time, date end place, and du	e to the cause(e) and manner ee stated.
29c. LICENSE NUI	MBER 294	d. DATE SIGNED	(Month, Day, Year)
D-21	183	50	1.92

Md.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

notified at once.

pe

must

examiner

medical

the

Item 23 shows any injury, or other traumatic event,

IMPORTANT: If Item 28 is marked, or

28

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

hours after death. Page 6 may be retained by the hospital or attenuing physician FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760, 불물을

BALTIMORE, MARYLAND 21215-0020	after death, the comme to the hope tall or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funer atments are a should be detected for use as the burial-transit permit. Pages 1, 2, 3 should the State Oept, of Health and Mental Hypiene prior to burial, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, we a man be the more table or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunes be filed within 72 hours after death with the State Oept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL HYGIEN		-1201
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	WILLIAM J. CASS	IDY				JULY 23,	1993 YEAR	2:03 AM
	4. SOCIAL SECURITY NUMBER	1 1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
	579-48-6879		56 YRS.	MONTHS DAYS	HOURS MIN.	SEPT. 16,1		HINGTON, D.C.
-	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN (R LOCATION OF DE	ATH	9c. COUNTY OF	
0	11836 HUNTING RI	DGE COURT	_	POTO	OMAC		MONT	GOMERY
	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	ry	10c CIT	Y, TOWN OR LOCAT	NON.			
DIRECTOR	MARYLAND MON'	TGOMERY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	POTOMA				10d. IHSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TOOTILICE			ZIP CODE		100 CITIZEN OF	1 YES 2 NO
FUNERAL	11836 HUNTING RI	DGE COURT			27854			SA
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC		IC ORIGIN? (Specify Ye		CE — American Indian,
BY F	1 Never Married 2 A Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, sp	2 X HO Specify	n, Puerlo Rican, etc.)	Bla	ck, White, atc.
								ITE
ЕТЕР	15. DECEDENT'S EDI (Specify only highest grad	JCATION a completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	ON sportyp g	16b. KIND OF BU	SIHESS/IHDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			GEMENT S	VO FADI	4 ODEDIM	ADMITTAL
COMPL	17. FATHER'S HAME (First, Middle, Last)	4	INTORIAL	ION PIANA			M CREDIT	ADMIN.
	JOHN F. CASSIDY					RET D. CO		
BE	19e. IHFORMANT'S HAME (Type/Print)		19h MAILING	ADDRESS (Street a		loute Number, City or Tox		
2	SUZANNE P. CASSII	ΟY			RIDGE CO		MAC, MARY	LAND 27854
	20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☐ Cremation 3 ☐ Ren	20	b. PLACE AND DATE O	E DISPOSITION /No	me nl		CATION - City or	
	4 □ Donation 5 □ Other (Specify)	noval from State cer	ATE OF H	Her plece)	METERY	1		NG, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AF	D ADDRESS OF FAC	HLITY		
	Dimothy	& Canal				LINS FUNE		
\Box	23. PART i. Enter the diseeses, or	complications that cause	d the death. Do n	Dt anter the mo	de of dving auch	BLVD., W.	SIL.SPR	.,MD.20901
	ahock, or haart feliure. IMMEDIATE CAUSE (Final	List only one cause on e	each line.				iracory arroac,	interval Between
	disease or condition resulting in death)	Milas	Jares	Lunk	· Pan	110-		Onset and Death
	resulting in death)	e. Metas	A CONSEQUENCE OF	7:	CLE	100		1/Yr
Z	Commentation that the same	b						[]
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:				
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
E	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF	ን፡				
CERTIFICATION		d						
AL.	PART ii. Other eignificant condition	na contributing to death t	out not resulting i	n tha underlying	cause given in i	Part i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS
음						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
PHYSICIAN:								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
ΥS	1 YES 2 HO	1 Inpetient 2 I ER/Out		4 - Hursing Home	5 Residence	B Other (Specify)		
	27. MAHHER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	2 Accident Investigation	28e. PLACE OF IHJURY	/ At here 4		ES 2 HO			
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	city)	treet, factory, office	·	281. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,
	29e. CERTIFIER							
COMPLETED	(Check only	ICIAH: To the best of my know						
8	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the beele of examination	ar enmor investigation	, in my opinion, de			d due to the ceuse	(a) and manner ee stated.
BE	A A CANALUNE AND TITLE OF CERTIFIE	H /2	1000		29c. LICEHSE HUM		29d. DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (X==	Drint)	02277	5	729	153
					e Cherry	CIIA CEL MARI	T AND O	2015 (000
	FREDERICK G. BARR 31. DATE FILED (Month, Day, Year)	2. PEGISEWAR'S SIGH	WIDCONS.	LN AVENU	E CHEVY	UHASE, MARY	LAND 20	J815-6902
	AUG 0 2 1993	12. MEGISEMAR'S SIGH	-Mandelle					ľ

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Table St.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page is mould be	•	1
E,	-	-	2
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anc	dire		10
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3	After	death	Ш
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	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM	ENT OF HE	ALTH AND ME	NTAL HYGIEN		
			ed Collin	S	2	DATE OF DEATH MONTH D	AY YEAR	
	4. SOCIAL SECURITY NUMBER 579–38–2873	_v _	(In yrs. lest birthdey) IF U		OURS MIN	DATE OF BIRTH (Month, Day, Year) ept. 30,	Cou	THPLACE (State or Foreign ntry) W YORK
_	9a. FACILITY NAME (If not institution, give st		96.	CITY, TOWN OR	LOCATION OF DEATH		9c. COUNTY OF	
DIRECTOR	Meridian Nursing		ation Ctr.5	ILVER	SPRING		Mont	gmeny
	Maryland Montg	jomery		wn on location			_	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
3AL	10e. STREET AND NUMBER				P CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	4 Fitzhugh Court				20906			States
B	1 Never Married 2X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, speci	DENT OF HISPANIC (by Cuban, Maxican, P XNO Specify:	ORIGIN? (Specify Yes uerto Rican, atc.)	Bla	CE — American Indian, ick, White, atc. ickly: White
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	AL OCCUPATION	of working	16b. KIND OF BUS	SINESS/INDUSTRY	WILLOO
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teacher			D. C. P	ublic Sc	hools
Ö	17. FATHER'S NAME (First, Middle, Last)			1	B. MOTHER'S NAME	(First, Middle, Malden	Surname)	
BE	Joseph B. Coll 190. INFORMANT'S NAME (Type/Print)	ins				I. Seam		
2	Marie S. Colli	ins	Same a		Number or Rural Route	Number, City or Tow	rn, State, Zip Code)	
	20e, METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Remo	oval from State 201	PLACE AND DATE OF DIS setery, crematory or other of SUDURDAN Cr	POSITION (Name	of		CATION - City or	fown, State ng, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		BODOT BUIL CI	22. NAME AND	ADDRESS OF FACILIT	гү		ig, naryrana
	> Ellen	W. Ro	pop	933 Gi	uneral Se st Avenue	Silver	Spring	, MD 20910
z	23. PART I. Enter the diseases, pr ci shock, pr heert fellure. LIMMEDIATE CAUSE (Finel disease pr condition resulting in death)	PWEU	MONOCONSEQUENCE OF):	9	of dying, such as		/-	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	NDE	D ME	7A57	A515	
N: MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resulting in the	winderlying o	S ANGII	249. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Check o	nily one)		
PHYSICIAN:		1 Inpatient 2 ER/Outp	etient 3 LI DOA 4 LI	JER: Nursing Home	Residence 8 🗆	Other (Specify)		
ву Рн	1 Netwest 5 Pending	28n. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c, INJURY WORKS	2 NO 260	I. DESCRIBE HOW IN	NJURY OCCURED	
ED	3 Suicide a Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spec	At home, farm, street,	factory, office	28f	LOCATION (Street & City or Town, State)	nd Number or Rural	Ploute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	edge, death occurred at the and/or investigation, in m	he time, data and	place, and due to it	ne Cause(s) and man	ner es stated.	s) and manner or state of
TO BE CC	296. SIGNATURE AND TITLE OF CENTIFIER	Mather	Y, MS		c. LICENSE NUMBER		29d, DATE SIGNE	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (TEM 27) (Type, Print)	130	8 GEOR	GSA A	VE WH	EATON, MY
	ALIG 03 1993	132 REGISTRAR'S SIGN	Jandell .					20906

and the state of the state of the state of

Illinois

Mon

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify

YEAR

3

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

White

20877

Approximate

Interval Between

Onset and Death

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

6. BIRTHPLACE (State or Foreign

0610 AM

REG. NO

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH De Ette R. Coutscoudis 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year nth, Day, Year 1 M 2 Z 73 579-01-8350 Sept. 1919 by retained by the hospital or attending physician.
p. page 5, denote be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH DIRECTOR du Shady Grov Ku 405 20 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Montgomery Gaithersburg FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE Odend Hal Ave., # 311 20877 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XINO 1 Never Married 2 Married ВҮ 1 TYES 2 K NO Specify 3 X Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) 12 Housewife Own Home ONCE. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE Arnold Johnson Buckey Haze1 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Trigg 45 Rangeley Road, Cranston, RI. 02920 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Steta Hell 1 | Burlal 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) Metropolitan Crematory 7/27 Alexandria, VA. examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. Pa DeVol Funeral Home 10 E.Deer Park Dr., Gaithersburg, MD. n by the fi medical filled in by t 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter tha mode of dying, such as cerdiac or respiratory arrest, shock, or haert failura. List only one ceuse on each line. 0 IMMEDIATE CAUSE (Final cremation, the disease or condition completely HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE attending physician and con ntal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST been signed by the attent. of Health and Mental Injury, PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL shows any 1 TYES 2 T NO PHYSICIAN: certificate has been the State Oept. of the State State Oept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked. 5 Pending 1 Natural BY 1 YES 2 NO After t 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 6 Could not be 4 🗌 Homicide determined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stelled. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER R

work

15225 34. REGISTRAR'S SIGNATURE
Fulia Davidson Aundale:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

CHANACES

1993

2

ALAN S.

31. DATE FILEO (Month, Day, Year)

03

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)
▶ 7 / ∠7 / 93 DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	death. Pitte Burne te related by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral intermed parts but be detached for use as the burial-transit permit. Pages 1, 2, 3 short be cleath with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be netflied at once.
	in hours after	ely filled in by th nation, or remove	, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. The is the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar marked natitied at once.

DECEDENT'S NAME (First, Middle			ERTIF			2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	NOLBERTO		TANO			7	3.0	10	93	1:55 A
None	5. SEX 1 [X M 2] F	8. AGE (In yrs. I	VRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan	of BIRTH	.948	Country)	ACE (State or Foreign Ombia
. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TOWN (OR LOCATION OF D				TY OF DEAT	
6827 RED TOP ROAD #5 TAKOMA PARK MONTG								NTGO	MERY	
						ark			1	d. INSIDE CITY LIMITS?
6827 Red Top I	Road			101	. ZIP CODE	0912			ombia	T COUNTRY?
. MARITAL STATUS Never Married 2 X Married Widowed 4 Divorced	fORCES?	NT EVER IN U.S. 4 1 YES 2 WAR OR DATES	RMED	If yee, sp	ENDENT OF HISPA ecity Cuben, Maxic 2 — NO Spect Lombian	an, Puerto	N? (Specify Yes Rican, etc.)		American Indian, fhite, etc.	
15. DECEDENT (Specify only highes	st grade completed)		DECEDENT'S (Give kind of the. Do NOT u	USUAL OCCUPATION	ON	16t	. KIND OF BU	SINESS/INDU		00
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Paint				Constr	uctio	n	
FATHER'S NAME (First, Middle, L.	ast)		32/10		18. MOTHER'S NA					
Carlos Anton:	io Castano				Anatil		Cortez			
e. INFORMANT'S NAME (Type/Prin Bernardo Casta				Amherst						
le METHOD OF DISPOSITION M Buriel 2 Cremetion 3				OF DISPOSITION (No		DAT		CATION - C		State
Burial 2 ☐ Cremation 3 ☐ Donation 5 ☐ Other (Specify)	Ramoval from State	cemetery, c	rematory or o			8-	1	tago,		
SIGNATURE OF FUNERAL SERV	ACE LICENSEE	_		OO MARKE AN	UD ADDRESS OF E	VOC 1904				
SIGNATURE OF FUNERAL SERV	W. 1	Capp at caused the	death. Do	933 G	FUNERAL FUNERAL Sist Aver	nue,	Silver	Spri		
Delen 3. PART I. Enter the disease	pe, or complications the	at caused the cuse on asch lin	eotie	933 G not enter the mo	ist Aver	nue , ch ss csn	Silver	Spri		Approximate interval Betw
3. PART I. Enter the disease shock, or heart fa	a. Due To	use on each if	ROUENCE O	933 G not enter the mo Card	ist Aver	nue , ch ss csn	Silver	Spri		Approximate interval Betw
3. PART I. Enter the disease shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or conditions, and the shock of t	b	O (OR AS A CONS	EQUENCE O	933 G not enter the mo Carcle PF):	ist Aver	nue,	Silver	Spri	24b. W/A/A/CC DI	Approximate interval Betwo Onset and Do
3. PART I. Enter the disease shock, or heart fa MMEDIATE CAUSE (Final isease or condition seutiting in death) equantially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net initiated events seuting in death) LAST	a. Due To d. Due	O (OR AS A CONS	EQUENCE O	933 G not enter the mo Caroli (F): (F):	ist Aver	Part I.	Silver disc or resp Liser 24a. WAS AN PERFOR	Spri	24b. W/A/A/CC DI	Approximate interval Betwoonset and De Onset and De Conset and De
3. PART I. Enter the disease shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, and the shock enter the shock ente	b. DUE TO d. HOSPITAL:	O (OR AS A CONS	EQUENCE O	933 G not enter the mo Caroli F): F): in the underlying 28. PI	g cause given in	Part I.	Silver disc or resp Liser 24e. WAS AN PERFOR XVES 2	Spri	24b. W/A/A/CC DI	Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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3. PART I. Enter the disease shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, enter under	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpition: 28e. DATE O (Month), getion not be	O (OR AS A CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONS	EOUENCE O EOUENCE O Tosuiting Tosuiting	933 G not enter the mo Caroli F): F): or the underlying 28. Pt OTHER: 4 □ Nursing Homa JURY WG	g cause given in ACE OF DEATH (CI NO 5 Residence URK? YES 2 NO	Part I.	Silver disc or resp Line 24e. WAS AN PERFOR XVES 2	AUTOPSY IMEO? NO NURY OCC	24b, Will All CC DI 1 1 2	Approximate interval Betw Onset and Do
3. PART I. Enter the disease shock, or heart fa MMEDIATE CAUSE (Final isease or condition sesuiting in death) equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury ant initiated events sesuiting in death) LAST ART II. Other significant conditions, and the second of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in death of the sesuiting in the sesui	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpition: 28e. DATE O (Month), getion not be	D (OR AS A CONSIDER OF INJURY — At I., stc. (Specify)	EQUENCE O EQUENCE O EQUENCE O Tresulting 28b. Till IN.	933 G not enter the mo Caroli F): F): or the underlying at the un	g cause given in ACE OF DEATH (C) THE STATE OF THE STAT	Part I.	Silver disc or resp Liser 24e. WAS AN PERFOI XYES 2 MY (Specify) SCRIBE HOW I CATION (Street or Town, State) use(s) and main	AUTOPSY IMED? OCC	24b. WI AN AN CC DID 11.	Approximate interval Betw Onset and Done of the Done o

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	3 shows any injury, or other traumatic event, the medical examiner must be notified at ourse
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Day Inch	hows
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE (F DEATH			3. TIME OF DEA	ATH
	Mabel Ann		Curry			August 10, 1993			YEAR O.3	7:45	7\ M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	_		IF UNDER 24 HRS.	7. DATE 0		, 13		IPLACE (State or I	AM
	215-64-4698	1 🗆 M 2 🔀 F	67	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, May	Day, Year)	926	Count	ryland	-oreign
HC H	9e. FACILITY NAME (If not institution, give street and number) St Marry c Hognital						or location of di actown	EATN			JNTY OF D		
5	St. Mary's Hospit									1 2	L. IM	ary's	_
2	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CIT	Υ
	Maryland St. Mary's			I	Leona	rdte	OWN					1 YES 2 [(NO
₹ I	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CI1	TIZEN OF V	VHAT COUNTRY?	
ij l	Rt. 2 Box 48-C						20650			U	.S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED			ENDENT OF HISPAI			s or No-	14. RACI	- American Ind	llen,
В	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		•0			2 NO Specif		can, etc.)		Speci		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO)N	16b.	KIND OF BU	SINESS/IN		irce	-
<u> </u>	Flementary/Secondary (0.12)	College (1-4 or 5 +	life.	Do NOT u	work done o se retired.)	luring mo	st of working						
COMPLETED	12th Grade			ousev	vife				Home				
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	ME (First, Mi	ddle, Maiden	Surneme)			
BE	Joseph F	Raymond	Tip	œtt			Elizabe	eth		Mo	orgar	1	
0	19e. INFORMANT'S NAME (Type/Print)	30 3	190	. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Numbe	r, City or Tow				
F	John Edward Curry	7	I	Rt. 2	2 Box	48-	-C, Leona	ardto	vn. M	arvla	and 2	20650	
	20a. METHOD OF DISPOSITION	ment from State	20b. PLACE	ANDDATE	OF DISPOS				20c. LO				
į	1 Donetion 5 ☐ Other (Specify)	Oval Holli State	cametery, cre	metory or o Les N	ther place) 1emor	ial	Gardens	8/13/9	3 T.e	onam	atown	Maryl	and
?	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.1	NAME AN	D ADDRESS OF FA	CILITY				1 4/	and
	Muchally	Stand	mo		Ma	ttır	igley-Gai	rdine	: Fune	eral	Home	P.A.	
	23. PART f. Enter the diseases, pro- ehock, or haert failure.	complications that List only one caus	caused tha de	eth. Do	not entar	tha mo	30x 270, da of dying, suc	h as cardi	ac or resp	Iratory ar	rest,	Approxin	nate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. <	cin.	intois of Live			14	Oneet			Onset an	d Death	
į	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	F):							-	
Z	Sequentieily list conditions,	a pro	60614	F.	DN	2	pep.	4.0	63 -	6			- 1
DICAL CERTIFICATION	if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	JENCE OF):								
5	CAUSE (Disease or injury	C	OR AS A CONSEC										
Ē	that initiated events resulting in death) LAST	OUE TO	OH AS A CONSEC	DUENCE O	r):								
崽		d											
ا پر	PART II. Other significent condition	s contributing to	deeth but not r	esulting	In the un	derlying	cause given in	Part i.	4a. WAS AN		24b.	WERE AUTOPSY	INDINGS
Š	-DM/	HTH.							PERFOR			AVAILABLE PRIOR	
								_	I [] TES 2	DE NO		OF DEATH?	мо.
								- 1				1 YES 2	NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one					-
SIC	EXAMINER? 1 YES 2 TO NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:	5 - Residence					-	
主	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ			RIBE NOW I	NJURY OC	CURED		-
BY P	1 Netural 5 Pending	(Month, De	iy, Year)	INJ	URY	1 🔲 Y	RK? ES 2 NO						- 1
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At ho	me, ferm, :	street, facto	ory, office		28f. LOCAT	ION (Street o	and Numbe	r or Rurel R	loute Number,	
	4 Nomicide determined	bullong, (etc. (Specify)					City or	Town, State)				
ון ב	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	nth occum	ed at the tir	me dete	and place, and due	to the cause	(a) and mar		A-d		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or I	nvestigatio	n, in my op	oinlon, de	eath occured at the	time, date e	nd place, en	d due to ti	he ceuse(s	end menner as	ntated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUN	IBER .		29d. DAT	E SIGNED	(Month, Day, Year)	
BE	(Core	4/~	120				0362	06					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITEN	1 27) (Type,	Print)		166				8//	0/93	
	KERAN	1 001-	200	2	رر		Leo.	~0-		4.	, ~	2-1	
	31. DATE FILED (Month, Day, Year) AUG 1 1 '93	32. REGISTRA	R'S SIGNATURE					-	4/	000		201	
	AUG 1 1 '02	L. Sin. J	Tavidron-1	indell							•	65	0

31. JUE 11 1993

32. REGISTRAR'S SIGNATURE

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VG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri-	oth with the State Bent of Health and Mental Hunians prior to busial presention or serviced
CIA	ertiff	the c
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								9	3 24206	
		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN	E		
)	1	1. DECEDENT'S NAME (First, Middle, Last)	Karen	M. Co	llins		JUTY 28	1993	3. TIME OF DEATH	
			5. SEX 6. AGE (1	n yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 1/14/194	10 N	BIRTHPLACE (State or Foreign Country) Jew York	
, 3 should	HC H	9a. FACILITY NAME (If not institution, give stre 6292 Statum F						9c. COUNTY	OF DEATH	
12	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland	Caroline	Caroline 10c. CITY, TOWN OR LOCATION Prest					10d. INSIDE CITY	
%		10. STREET AND NUMBER 6292 Statum F			10	f. ZIP CODE	21655		1 TYES 2 NO	
physician. burial-transit	FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	EVER IN U.S. ARMED 13 WAS DECEMBENT OF HISBANIC OR					RACE — American Indian, Black, Whita, etc.	
ending as the	COMPLETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR DA		1 TYES	S ZN NO Specify				
5 2		(Specify only highest grade or Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mo se retired.)	ost of working	100 100 100 100	Home	n,	
by the hospital be detached fo at once.		17. FATHER'S NAME (First, Middle, Last)	llen James	McInt	osh	Surneme)	d Hoffman			
e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Ralph Jerome (Collins	19b. MAILING 6292	Statum		Preston,	n, State, Zip Coo	de)	
e 6 may be rector, page must be		20s. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE	of Disposition (Na	etery 7/	/31/9B Sk	ciptor	or Town, State	
after death. Page 6 may be by the funeral director, page smoval.		21. SIGNATURE OF FUNERAL REPVICE LICEN	Lins	>	Framp	otom-Hav	wkins-Esk d, Maryla	ow F.	St., 21632 .H.	
within 24 hours upletely filled in cremation, or re		23. PART 1. Enter the diseases, or co- shock, or heart failure. Li- IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused st only one cause on each of the cause on each of the cause on each of the caused on the c	id tu	not enter the mo				, Approximate Interval Between Onset and Death	
certificate be executing physician and tygiene prior to built other traumati	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A							
Ind at the	MEDICAL C	PART II. Other algnificant conditions	contributing to death bu	it not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
PHYSICIAN: The law requires the this certificate has been signed a with the State Dept. of Health inked, or Item 23 shows any	PHYSICIAN:	1 YES 2 NO	HOSPITAL:		OTHER: 4 Nursing Horr	LACE OF OEATH (Che				
	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		M 1 🗆	YES 2 NO	28d. DESCRIBE HOW IN			
TTEN TOR: after 28 is	LETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic	•	261. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,	
A A B B	COMPL		AN: To the best of my knowledge. On the basis of examination						nuse(a) and manner as stated.	
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	SHOTA "			29c. LICENSE NUM D3588	IBER .	29d. DATE SIG	GNED (Mogth, Day, Year)	
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)			· ·		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	LORAIN	VE SNELL	CLEAVE	T ANTO				3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		7:45 p. M
	158-20-7530	1 🗆 M 2 🔀 F	84 YRS.	MONTHS DAYS	HOURS MIN.	June 17,		New York
~	9a. FACILITY NAME (If not institution, give :			9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	William Hill Hea		nter	Easton,	Marylan	d	Talb	oot
R	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Talk	ot	30 (e, Easton	, Md.	1 [XYES 2] NO
FUNERAL	106. STREET AND NUMBER			101.	ZIP CODE		,	OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DECI	21601	IC ORIGIN? (Specify Ye	USA	RACE — American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	€ NO	If yes, spe	2 NO Specify	, Puerto Rican, atc.)	200	Black, White, etc. Specify: White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	ISUAL OCCUPATIO	·N	16b. KIND OF BU		
ETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mos retired.)	st of working	IOD. KIND OF BO	SINESS/INDUS	N)
COMPL	12	4	House	wife				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Malder	Surname)	
BE	Bernie B.	Snell			Mabe 1	Martin		
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tov		·
	Carol C. Stewart							Bozman, MD.
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata CO	b. PLACE AND DATE O metery, crematory or oth	ner place)		DATE 20c. LC		0.100
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	apitol C	22. NAME AN	D ADDRESS OF FAC	/5/93 Do	ver, De	laware
	Davissen &	5 Lem	111	Harris	on E. Le	onard Fun	eral Ho	me 21663
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do no	ot enter the mod	de of dying, euch	ss cerdlec or reep	VII Chae I	s Maryland Approximate
	SNOCK, OF heert fellure.	Liet only one ceuse on	each line.					Interval Between Onset and Death
	disease or condition resulting in death)	a. ATHURS DUE TO (OR AS	ChroTic	Can	dis vasa	lar disc	1111	WARE
		DUE TO (OR AS	A CONSEQUENCE OF):				17.4
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQUENCE OF					
\¥	If any, leading to immediate cause. Enter UNDERLYING			,				
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF				<u></u>	
EH	resulting in death) LAST	d						
	PART II. Other eignificant condition	a contributing to death	but not resulting in	the underlying	cause given in f	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	HyperTrusion, a				•	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						_ 10,123	22410	OF DEATH?
						_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
ΥS	1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	4 Nursing Home	5 - Residenca 8	Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOF	RK?	28d. DESCRIBE HOW	NJURY OCCURE	:0
В	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	Y At home form at		ES 2 NO	204 1 00471011 (0		
TED	8 Could not be determined	building, atc. (Spe	ocity)	reet, factory, office		281. LOCATION (Street City or Town, State)	Ina Number or H	ural Houte Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my know	viedos, death occurrer	at the time date	and place, and due t	n the cause/ol and	nner ee ciris	
OM		R: On the basis of examination						use(s) and manner as stated,
ш	296. SIGNATURE AND TITLE OF CENTIFIE	- 4 //			29c. LICENSE NUMI			NEDy(Month, Day, Year)
00	July //6	Collery	Car		1) 3/4	66	▶8/4	1/93
2	30. NAME AND ADDRESS OF PERSON WH			Print)	1 -1 4			
		der, III, M.		Dutchma	ns Lane,	Easton, I	Marylan	d 21601
	31. DATE FICED (Month, Day 1997)	32. REGISTRAR'S SIGN	ATURE					

1 - 3	FOR STATE REGISTRAR
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	1 - STATE REGISTRAR		SIMIE UF N		RTIF	ICAT	E OF	DEAT	AND I	MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First								4	2. DA	TE OF DEATH	w/	2000	1. Miles With
	Unice		raine	Chi		_		-		7	5 4	Z	23	7 July 11
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. lest		IF UNDE	R 1 YEAR	IF UNDER	24 HHS.	7. DAT	TE OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign
	219-38-14 96. FACILITY NAME (II not I		€ M 2 F	79	YRS.		0.84		7255	4	27 1	914	Al	abama
œ				7 TT				OR LOCATION					INTY OF E	
DIRECTOR	Carroll C	CEDENT	Genera	I Hosp	ıta.		Wes	tmir	ste	r		Ca	arro	11
REC	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	MD	Car	roll				Wes	tmin	ste	r				LIMITS?
3AL	100. STREET AND NUMBER						10	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1209 Ston	e Roa						2115				US	3	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	YES 2 XN	MED O	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIC	GIN? (Specify Yes	s or No-	14. RAC Blec	E — American Indian, k, White, etc.
BY	3 Widowed 4 Div		IF YES, GIVE W	AR OR DATES			1 YES	2 NO	Specify				Spec	white
8	15. DE(CEDENT'S EDU	CATION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		1	6b. KIND OF BU	SINESS/INI	DUSTRY	WILT 00
COMPLETED	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5+	U4m	ve kind of Do NOT u	work done se retired.)	during ma	st of working	g					
<u>Ā</u>				Ho	omer	nake	r				n/a			
8	17. FATHER'S NAME (First, A							18. MOTH	IER'S NAI	ME (First	t, Middle, Maiden	Surname)		
BE	Henry		ldress					Mar			rie			
2	190. INFORMANT'S NAME (• 7 1	- 1							mber, City or Tow			
	Freddie		ermilk						. W	esi	tminst	er,	MD	21158
	1- Burial 2 Crematic	on 3 🗆 Rem	oval from State	20b. PLACE A	natory or p	ther place	NINOITIE	me or	tan	TE S	TE 20c. LO	CATION —	City or To	unty, AL
	21. SIGNATURE OF FUNERA		CENSEE	Deare	05	22.	NAME AP	D ADDRES	S OF FAC	JI 9	1 De	nali) (0	uncy, AL
	D 5 3 1	77 T		Ka	N		Pri	tts	Fun	era	al Hom	ie &	Cha	pel
\neg	23. PART I. Enter the d	K. F	ritts,	Sr.	at D.		412	Was	hin	gto	on Rd.	, We	estm	inster, MI
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ions, diste	Mult	ON AS A CONSECTION AS A CONSEC	660	,	et (10/	foot de c	u	of	mall	Bou	Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART MOTHER SIGNIFICA	People	teal 3y	death but not re	sutting	In the ur	1	9		-	,		246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GRAPH?
ᇙᆘ	EXAMINER?	O MEDICAL	HOSPITAL:	220		OTHE		ACE OF DE	EATH (Che	ck prey	onej			
ž	27. MANNER OF DEATH		1 A inpatient 2 1	NJURY	28b. TIM		aing Hom 28c, INJ		sidence I		her (Specify) ESCRIBE HOW I	N HILLY DO	CHRED	
	Parties .	Pending	(Month, De	y, Mear)		URY	WO	RK7	NO	250. 0	sasmos nem i	HOUNT OC	-	
CO Accident							or Flural I	loute Mumber						
COMPLETED	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CLAN: To the best of a	ny incertedge, deat	th occurr	od at the t	ime, date	and place,	and due t	to the c	suse(s) and mar	wer as alut	ed.	and manner as stated.
	296. SHOMATURE AND TITLE	-),	re ongano	of in sub c	gareon, a	-			te and piece, an			
H H	Lack	W	a tour	del				Na.	NSE NUM	DEN S		290. DAT	E-BIONED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	- Bank	O COMPLETED CAUSE	E OF DENTH (ITEM	27) /5pm	Prints	-	1100	40	2		, ,	740	76
	DR RICHAR	O JON	ES CARR				AL 11	SSPITE	W	ME.	wanne	Over.	1	STANJATOR D. MA
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the isw requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

J. 17

24209 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH YEAR 06 LILLY MAE COLE 404 aug 7. DATE OF BIRTH (Mosts, Clay, Year Full- 10 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) HOURS 388 -+- M 2 € Maryland 9e. FACILITY NAME (# not 9b. CITY, TOWN OR LOCATION OF A 9c. COUNTY OF DEATH Mem DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Aberdeen 1 X YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 520 Edmund Street detached for use as the burial-transit 21001 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 KNO BY Specify Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 8 0 Cleaning Domestic once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the funeral director, page 5 should be 75 UNK Louise Johnson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert W. Cole 427 Bernice Terrace Aberdeen, 21001 Maryland must be 20a. METHOD OF DISPOSITION
1

↑ Burlal 2 □ Cremation 3 □ Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Calvary Methodist Cem. 18/12 Aberdeen, Maryland examiner 21. SIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. has been signed by the attending physician and completely filled in by Dept, of Health and Mental Hygiene prior to burial, cremation, or remo Approximata Intarval Between IMMEDIATE CAUSE (Finel Onset and Death event, the disease or condition resulting in death) arthropelerates Cardinoarula Depise HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS' PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 TYES 2 NO OF DEATH? 1 YES 2 THO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Heal r this certificate high with the State [1 YES 2 NO ER/Outpatient 3 DOA OTHER 1 Inpetient 3 4 Nun g Home 5 Residence 8 Other (Specify) 0 27 MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural Accident L DIRECTOR: After the hours after death w 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED If Item 28 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL | within 72 h MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. IMPORTANT Des Med Examer BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 光 HE BE KUR MY 23 2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTIFAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	ached for u
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IMOR	Page 6 ma	director, p
BALT	ter death.	the funeral

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. NO.		
1. DECEDENT'S HAME (First, Middle,	Lest)				TE OF DEATH		3. TIME OF DEATH
IDA MAE CUN	NINGHAM			AŬ	GUST 09	, 1993	2210
4. SOCIAL SECURITY HUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UND	ER 24 HRS. 7. DA	TE OF BIRTH	B. BH	RTHPLACE (State or Foreign
220-32-6689	1 🗆 M 2 📉 F	79 YRS.	MONTHS DAYS HOURS	MIN. (MC	vith, Day, Year)	Co	untry)
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN OR LOCA		V. 207	9c. COUNTY O	
CALVERT MEN	ORIAL HOSPIT	AL	PRINCE FRI	EDERICK		CALV	ERT
	DUHTY	10c, CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY
Maruland Ca	l-rowt		nce Frederi	o le			LIMITS?
Maryland Ca.	Lvert	PII	10t. ZIP CO				1 TYES 2 NO
							F WHAT COUNTRY?
700 Holly Drive			2067	8		U.S	.A.
11. MARITAL STATUS	12. WAS DECEDENT EV	VER IH U.S. ARMED	13. WAS DECENDENT	OF HISPANIC ORIGINAL Maxican, Puer	GIN7 (Specify Yes	or Ho- 14. R	ACE — American Indian, leck, White, atc.
1 Never Married 2 Married 3 Wildowed 4 N Divorced	IF YES, GIVE WAR		1 TYES 2 X N		io mcan, etc.)		pecify:
						Wh	ite
15. DECEDENT'S (Specify only highest		18a. DECEDENT'S	USUAL OCCUPATION	king	66. KIND OF BUS	HESS/INDUSTRY	1 2 2 1
Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during most of work ie retired.)			_	and Dept. of
Grade 12		Secreta	ry	3.747	Parole	and Pro	bation
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) Grade 12 17. FATHER'S NAME (First, Middle, Le	it)		18. MO	THER'S HAME (Firs	t, Middle, Maiden !	Surname)	11-1-11-11-1
William Mackal	Rawlings			a Elizab		1111	
100 INCORMANT'S HAME (Total Print)		405 8280 1100					
			ADDRESS (Street and Numb Holly Dr; P				
Linda Lusby				rince Fr	ederick	, MD ZU	16 / 8
20a. METHOD OF DISPOSITION 1¥ Burial 2 ☐ Cremetion 3 ☐	Removal from Stata	20b. PLACE AHD DATE	OF DISPOSITION (Name of	D		ATION — City or	
1 Buriel 2 Cremetion 3 4 Donation 8 Other (Specify		Asbury Ce	metery 8/12	/93	Bar	stow, M	[aryland
21. SIGNATURE OF FUHERAL SERVI	CE LICEHSEE		22. HAME AND ADDR				
1 1 1	2.44		Rausch Fu	neral Ho	me, 440	5 Broom	nes Isl. Rd;
23. PART I. Enter the disease	Javi		Port Repu	blic, Ma	ryland	20676	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	b. RECVI	AS A COHSEQUENCE OF	REBROVAS	CULAR	Acci	DENTS	Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			GELLITY	DISPASE			
	21				1		
PART II. Other alignificent con							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PART II. Other algorificant con	THE HEART	FATILUR	e, (ARD)	3M70-	1 TES 2	□ NO	COMPLETION OF CAUSE DF DEATH?
PATHY						16 1	1 YES 2 HO
					1000		
25. WAS CASE REFERRED TO MEDIC			26. PLACE OF	DEATH (Check only	one)		
EXAMINER?	HOSPITAL:	/Outputient 3 DOA	OTHER:	Pasidona 6 🗆 O	ther (Casella)		
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MANNER OF DEATH	28e. DATE OF IHJ				DESCRIBE HOW IH	JURY OCCURED	
	(Month, Day,)	(har) IHJ	WORK?		24011122 11011 11	00001120	
2 Accident Investig							
3 Suicide 8 Could n	n building, atc.	JURY — At home, ferm, (Specify)	itreet, factory, offica		OCATIOH (Street a ity or Town, State)	nd Number or Rui	al Route Number,
TO TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW							
29a. CERTIFIER (Check only	PHYSICIAN: To the best of my	knowledge, death occurr	ed at the time, data and place	ce, and due to the	cause(a) and man	ner as stated.	
	MINER: On the basis of exemi						e(a) and menner as stated
29b. SIGNATURE AND WILE OF CER	1/2/-/		29c. LI	CENSE NUMBER		29d. DATE SIGN	IED (Month, Day, Year)
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1 100	10/10/91	()					10 /->
30. HAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE C	OF DEATH (ITEM 27) (Type	Print)				10 13
30. HAME AND ADDRESS OF PERSO							70 13
30. HAME AND ADDRESS OF PERSON SOHN H. W 31. DATE FALED (Month, Day, Year)	EIGEL, M.D.,	PRINCE FRE					70 /
30. HAME AND ADDRESS OF PERSO	EIGEL, M.D.,	PRINCE FRE					10 12

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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit.	emoval.
	hours	ul pa	, or re
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FULLER, STE 07/30 cmm STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH* REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Migdle, Lest) 3. TIME OF DEATH EVELYN COLLINS 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE HOUSE 219-56-2333 1 - M 2 - F 11-28-08 Wash. D.C. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 96, COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO FUNERAL 100. STREET AND NUM 101. ZIP CODE 10g. CITIZEN OF WHAP COUNTRY? C 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF TISPANIC ORIGIN? (Specify Yes or No If yes, specify Cultan, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, 1 | Nover Married 2 | Marri IF YES, GIVE WAR OR DATES B 1 YES 2 NO Specify: 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 Housewife Home medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Samuel H. Murphy Nellie Cole BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 5903 Crandell Road 20711 Marjorie A. Schruhl Lothian, MD 20y: METHOD OF DISPOSITION
1 \$\overline{\text{Burlel}}\$ 2 \subseteq Cremation 3 \subseteq Removal from State
4 \$\overline{\text{Donation}}\$ 5 \$\overline{\text{Other}}\$ (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State washington National Cem 8-11-93 Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Rausch Funeral Home, P.A. Owings, MD 20736 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Betw **IMMEDIATE CAUSE (Finel** the disease or condition resulting in death) Item 23 shows any injury, or other traumatic event, CERTIFICATION Sequentially list conditions, CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events AS A CONSEQUENCE OF: resulting in death) LAST etiggs contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT 1 TYES 2 M NO S YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** TO YES 2 NO OTHER: ng Home S 🗆 Residence 6 🗀 Other (Specify) Is marked, or 27. MANNEW OF DEATH 28s. DATE OF INJURY (Month, Day, West) SIID. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 | Natural 1 ☐ YES 2 ☐ NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specific 281, LOCATION (Street and Number or Fixed Fixed Number, City or Reen, State) 3 | Suickle Could not be
 defermined COMPLETED 28 4 Homicide Hem (Check only 1 M CERTIFYING PHYSICIAN: To the best of my lyllowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated IMPORTANT: If MEDICAL EXAMINER: On the basi BE 2

Sulia Davidson-Randelle



FUNERAL within 72 h

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BALTIMORE, MARYLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	To To
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S HAME (First Floria		tonio (CHAVEZ						2. DATE OF DEATH BOTH DATE OF DEATH DATE OF DATE O	199	YEAR 93	3. TIME OF DEAT	и a
			6. AGE (In yrs. lest	birthdey)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.				HPLACE (State or Fo	reign
9e. FACILITY HAME (II not I 4521 Chave	z Ct.	treet and number)					peake				NTY OF C		
MD Calvert					y, town o			ch				10d. INSIDE CITY LIMITS? 1 YES 2	
4521 Chavez Ct.						10	201	732 USA				WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IH U.S. FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES			YES 2 N		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 □ HO Specify: Specify:								
	DEDEHT'S EDU ly highest grade 0-12)		+) (Gir life.	CEDENT'S We kind of the Do NOT us EVEl	work done (se retired.)								
17. FATHER'S HAME (First, A	Middle, Lest) Jaco	bo	Ch	avez				HER'S NA	na Salazar				
19a. IHFORMANT'S NAME (Type/Print) 19b. MAIL.					G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Willows Rd, Chesapeake Beach, MD 20732								
20a. METHOD OF DISPOSIT 15 Burlal 2 Cremati 4 Donation 6 Other	on 3 🗆 Rem	oval from State	20b. PLACE A cometary crem	HDDATE	of DISPOS ther place) ts Et	TION (NE	opa1				City or To		MD
21. SIGNATURE OF FUNERU	A. SERVICE CA	anger	Ha		22.	HAME A	ND ADORE						73

disease or condition resulting in death)	0	Metastati Lung C	anul	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	DUE TO (OR AS A CONSEQUENCE OF):		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO (OR AS A COMSEQUENCE OF):		
PART II. Other significant cond	itions con	tributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?

1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 YES 2 NO ne 5 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 HO

26a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. CERTIFIER

2 MEDICAL EXAMINER: On the basis of ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner ea stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGHED (Month, Day, Year)

3

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jonathan Lowenthal, MD Prince Frederick, MD 20678

32 REGISTRAR'S STONATORECE 31. DATE FILED (Month, Day, Year)
AUG - 2, 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	THE FUNER	oe filed within	MPORTANT:

_			0		ICAIL	DEATH		MEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											
- 8	ESTHER W. CAREY				1. 1	REY	MONTH	DAY	607	EAR		
- 3	4. SOCIAL SECURITY HUMBER	5. SEX	8. AGE (In yrs. la						18,193 0410 M			
- 8				MONTHS DAY		7. DATE OF _(Month_D	BIRTH ay, Year)	8.	BIRTHPLACE (State or Foreign Country)	- 1		
- 1	222-09-2209	1 □ M 2 📉 F	72	YRS.			7-27-	1920	DE.			
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH	\neg	
Œ	DENINCHIA DECIONA		CATT	CDUDY		1			- 1			
DIRECTOR	PENINSULA REGIONA	K	SALI	SBURY			WIC	OMICO				
8	10s. STATE 10b. COUNTY	1		10c CITY	, TOWN OR LO	ATION				Last tribing over	\neg	
E	D- 0	-								10d. IHSIDE CITY	- 1	
	De. Suss	ex		L.	aurel					1 TES 2 1 HO		
3	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEH	OF WHAT COUNTRY?		
5	108 S. Duel Hwy.				1	1995	6		USA	1		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS D	ECENDENT OF HISP	AHIC ORIGINS /	Concifu Year	e No. 14	RACE — American Indian,	\dashv	
	1 Hever Married 2 Merried	FORCES? 1	YES 2 2	NO	If yes,	specify Cuben, Mexic	can, Puerto Rica	n, etc.)	110-	Black, White, etc.	- 1	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES ZNO NO Spec	city:			Specify: WHITE	- 1	
	15. DECEDENT'S EDUC	DATION .									4	
쁜	(Specify only highest grade	completed)	(G	live kind of w	USUAL OCCUPA rork done during	FION nost of working			HESS/INDUST		- 1	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT us			Aut	omobi	le Re	pairing &		
8	12		Sec	retar	y & Tr	easurer	Se	rvice				
COMPLETED	17. FATHER'S HAME (First, Middle, Last)					18. MOTHER'S H	AME (First, Mide	fle. Maiden Su	mame)			
	Otis Williams					Martha			illian	nc		
BE	19e. IHFORMAHT'S HAME (Type/Print)	-									_	
유			19			t and Number or Rura				de)		
	Reese G. Carey			108	S. Dua.	L Hwy. La	urel,	De. I	9956			
ł	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Reme				FDISPOSITION	Neme of	DATE	20c. LOCA	TION — City	or Town, State	\neg	
	4 Donation 5 Other (Specify)	DVIII IIDM State	odd F	ellow	rs Cem.		7-21	Lau	rel, 1	De.	- 1	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Windsor Disharoon Funeral Home, Inc.										\dashv	
	N. 11 . 1.	0//	+ 1		Shor	Windson	Disha	roon	Funera	al Home, Inc.	,	
- 8	Mellian M	Skor	1/			Box 678						
	23. PART I. Enter the disesses, or of	omplications the	caused the de	eth. Do n	ot enter the r	node of dving, su	ch as cerdied	or respire	tory arrest	Approximate	ᅱ	
- 1	shock, of heart failure.	List only one cau	se on aach line			,		от тооршо	tory arrost	Interval Between		
- 0	iMMEDIATE CAUSE (Finel disease or condition	11-	10			- 14				Onset and Deat	th I	
	resulting in death) s. CWGOMMPANTAZ											
- 1	DUE TO (DR AS A CONSEQUIENCE OF)											
z	Sequentielty list conditions, if any, leeding to immediate cause. Enter UNDERLYING CALLER CHIEF											
은	Sequentially list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF):		0				7	
8	cause. Enter UNDERLYING											
E	CAUSE (Disesse or Injury that initieted events	DUE TO	OR AS A COHSE	OUENCE OF	1	0	10.			127.03	\dashv	
E	resulting in death) LAST									1		
CERTIFICATION		ś			<u>-</u>						_	
- 11	PART II. Other significent conditions	s contributing to	deeth but not r	resulting i	n the underly	na ceuse aiven is	n Part i 24	n. WAS AN AL	rmesv	24b. WERE AUTOPSY FIHDINGS	\exists	
গ				2000000		and a second		PERFORM		AVAILABLE PRIOR TO	Ή.	
EDICAL							1	YES 2	NO.	OF DEATH?	-1	
M										1 TES 2 -NO	J	
											- 1	
₹	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C	hack only one)				-1	
잃내	EXAMINER?	HOSPITAL			OTHER:						\dashv	
PHYSICIAN:	27. MAHHER OF DEATH	1 Department 2				me 5 Residence					_	
ᇤ		28e. DATE OF (Month, Da		28b. TIME IHJU		NJURY AT YORK?	28d. DESCRI	BE HOW INJ	URY OCCUR	ED	П	
⋒	1 Natural 5 Pending Investigation				M 1	YES 2 HO					Ш	
- 111	3 Suicide 8 Could not be	28e. PLACE OF	HJURY — At ho	me, term, s	treet, fectory, of	Ice	281. LOCATIO	H (Street end	Number or F	Rural Route Number,	\dashv	
COMPLETED	4 Homicide determined	bullang,	etc. (Specify)				City or To	own, State)			-1	
Щ	290, CERTIFIER										4	
ᅙᆘ	(Check only											
δ∥	2 MEDICA EXAMINE	R: On the beele of ex	amination end/or	Investigation	, in my opinion	death occured at th	e time, date enc	place, end	due to the ce	ouse(e) end menner ee stated.	-1	
	296. SIGNATURE AND TITLE OF CERTIFIED					29c. LICEHSE HU	MBED	T.	04 0475 04	Date of the Control	-	
╏	(//)/-	x/h	1			MAD	177/2	48,1	DATE SK	MORED (MOREN, Day, Your)		
၉	11/65	1/X	5				0007	رب	+	110/73	_[
-	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS				A			t			
	Dettr	ey 6	74	ert	on, l	MID F	21/20	JA	4580	GNED (Month, Day, Year) 18/93 4/14/14/14/14/1		
									_			
M	31. DATE FILED (Month, Day, bar)	32. REGISTRAL	S SIGNATURE							01000		

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGIST
1. DECEDENT
4. SOCIAL SE
 9a. FACILITY I
10a. STATE
10a. STREET
11. MARITAL S 1 Never Me 3 Wildowed
Elementary

	1 - STATE REGISTRAR	STATE OF M.					EALTH DEAT		MENTAL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Ida	М.		()	tis		2. DATE OF DEATH MONTH	1 19	YEAR 193	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-22-2215	5. SEX 1 M 2 F	6. AGE (In yrs. lest 80	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 14,1			IPLACE (State or Foreign
LOR	9a. FACILITY NAME (If not institution, give at PENINSULA REGIONAL		L CENTER	2			BURY	N OF DE	ATH	9c. COU	I COM	EATH
DIRECTOR	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Va • ACCO			-	у, тоwn с							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 29187 Blo	xom Ciro	cle				ZIP CODE			10g. CIT		VHAT COUNTRY?
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N			If yes, spe	ENDENT OF	, Mexicen	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Giv	ne kind of v Do NOT us	USUAL OF Work done of retired.)	during mos	st of working	7	16b. KIND OF BUS			
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank. Young						16. MOTH		ME (First, Middle, Meiden abelle "			
10	Carlyn Monroe		16	07	Raml	blev	rood	Rd.	oute Number, City or Town Baltim	ore,	Md.	
	20a. METHOD OF DISPOSITION 2 Burlal 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)		20b. PLACE A	T'to	n plac	em.			-17-93	Park	city or To	wn, State y, Vas
	21. SIGNATURE OF FUNERAL SERVICE LIC	what	Bon				on .		Accoma	, Va	. 23	301
	23. PART I. Enter the disesses, or of shock, or heert fellure. I IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one ceus	coused the dee on each line.	001	ar					ratory sn	rest,	Approximats Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate b. Hyperfluote DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition:	s contributing to d	leath but not re	Suiting I	in the un	derlying	ceuse gl	ven in F	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	1:			ck only one)			
ву РНУ	27. MANNER OF CEATH Natural 5 Pending Netural Investigation	28e. OATE OF IN (Month, Day,	NJURY	28b. TW	- T	28c. INJU WOF 1 Y	JRY AT		3 Other (Specify) 28d. OESCRIBE HOW IF	IJURY OC	CUREO	
	3 Sulcide 8 Could not be 4 Homicide determined	28a. PLACE OF building, at	INJURY — At hom ic. (Specify)	ne, farm, s	treet, tact	ory, office			281. LOCATION (Street e City or Town, State)	nd Number	r or Rural R	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WING	Mess	OF DEATH (ITEM	27 (hree	Print)		29c, LICE	4.	SER	29d. DAT	E SIGNED	(Month, Day Year)
5	Sharon Macric 31. DATE FILED (Month, Day, Year)				ont	H:-	way	L	source De	Jawa	en 1	9956
	.1111 2 0 1993	Julia Davi	dson-Aand	482								

FOR STATE REGISTRAR

Albert K Lee mo

31. DATE FILED (Month, Day, Year)
AUG 0 4 1993

A. M

46	76	IJ
	BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	í	1. DECEOENT'S NAME (First, Middle, Last) J. HAROLD DENIKE DENIKE								2. DATE OF DEATH MONTH BOY YEAR 3. TIME OF DEATH SO 93 6 SA.				
		4. SOCIAL SECURITY NUMBER 220-42-3623	5. SEX	6. AGE (Ir	n yrs. last birthday) YRS.	MONTHS C	PEAR	IF UNDER 24 HRS HOURS MIN.	(M	TE OF BIRTH orth, Day, Year) n. 5, 1		6. BIRTHPLAN Country) New Yo	CE (State or Foreign	
8	E CH	90. FACILITY NAME (If not institution, give Suburban Hospital)			9b. CITY, TOWN OR LOCATION OF DEATH Bethesda Montgomery							_		
Sign	DINECTOR	100. STATE 10b. COU	Montgomer	v	10c. CIT	y, town on Bet							I. INSIDE CITY	_
EDAL		100. STREET AND NUMBER 5411 Lambe		<u> </u>		Dec	-	. ZIP CODE	2081	4	10g. CITIZ	EN OF WHAT	YES 2 NO	
N E		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 12 NO	If y	es, spe		PANIC ORI	GIN? (Specify Yes		14. RACE — A Black, Wh	American Indian, hite, etc. White	
ETED		15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	,	18e. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.) Political Sci			done during most of working tired.)			16b. KINO OF BUSINESS/INDUSTRY			-
t once.	200	17. FATHER'S NAME (First, Middle, Last)	5+		Politic	al Sc:	1en	18. MOTHER'S	NAME (Firs	Politic	Surneme)	ience		_
TO RE	ă	Joseph Henry De						nd Number or Rur	ral Route N	Wemple	n, State, Zip (Code)		_
must be no		Virginia H. DeN 20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Re		ceme	PLACE AND DATE	OF DISPOSITION	ON (Na	me of			CATION — C	ity or Town, S		_
examiner		A Donetton 5 Other (Specify) Montrose Cemetery Greenville, Illinois 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons 5130 WI Ave. N.W. Washington, DC 20016										_		
the medical examiner must be		23. PART I. Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel	e. List Dnly one caus	se on ea	ch line.			^					Approximate Interval Betwee Onset and Dear	
-	ļ	disease or condition resulting in death)		9	CONSEQUENCE O	. 180		uilere	•				8 duy	
ry, or other traumatic event,		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		captulopaty. NEE OF: Cles rythmis; NEE OF:							longsky	n.		
Y, or other		that initiated events resulting in death) LAST			consequence of			morning	die	240			lang 8 teners	
hows any inju		PART II. Other significant condition	ons contributing to d	deeth bu	it not resulting	in the unde	erlylng	g ceuse given	In Part I.	24s. WAS AN PERFOR	MED?	CON OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	S
ed, or Item 23 s PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 2										_		
item 28 is marked, or item 23 sho		27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	6	J M	WOI 1 🗌 Y	INJURY AT WORK? YES 2 10 No.						Ī		
m 28 is		3 Suicide 6 Could not b	28e. PLACE OF building, a	INJURY - rtc. (Specif	Al home, farm,		, office		281, Li	OCATION (Street elity or Town, State)			Number,	
= 5		29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of n	my knowle	end/or investigation	n, in my opin	data	end place, and d	he time, d	cause(a) and man	d due to the	ceuse(s) end	manner ee stated	>1
IMPORTANT:		Alber	7Kleems	1-				29c, LICENSE N	HIMBER		29d. DATE	SIGNED (Mon	oth, Day, Year)	
	. 11	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CALLS	E OF DEAT	THE STATE OF THE	O-1-41								-

32 PEGISTRAB'S SIGNATURE
Sulia Deviden Andell

8218 Wisconsin Ave, #105 Bethesola and 20814

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2, 3 mount be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	230 30 7310	1 DN 2 🗆 F	88 m	RS. MONTHS	DAYS	HOURS MIN.	(Mont)	h, Day, Year)	5 s	outh	Carolina	
TOR	PAINCE GEORGES RESIDENCE OF DECEDENT		Cente			r LOCATION OF DE	EATH 1			C'E G	confis	
DIRECTOR	MD Prince Georges Seat Pleasant								100	I. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH											
ÿ		my Hills				0743				ted S		
BY	11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	S 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)						Specify:	American Indian, nite, atc.	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Saw Mill Worker Saw							STRY		
Š	17. FATHER'S NAME (First, Middle, Last)		Jaw I	IIII W	orker		107 051 11	Saw N				
	Bunyon Durant					16. MOTNER'S NA			Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		105 MA	H INC ADDRE	98 (Omes) as	Lilian Id Number or Rural I			01-1-21-0	N. 4. 1		
2	Algie M. Durant										207/2	
						ills Dr	_					
	1 Number 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	net beve bape onarch dem. 0/0 ranville,								SC	State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MCGuire Funeral Service, Inc. 7400 Georgia Ave. N.W. Wash. D.C.										20012	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. LTC Cehebral He mannage Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
SICIAN: MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							COI OF	Ab. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check code code)											
ᅙ	EXAMINER? HOSPITAL: OTHER:										-	
ву рнуз	27. MANNER OF DEATH 1,25-Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye.	RY 28	D. TIME OF INJURY	28d, DE VORK? 1 YES 2 NO			ther (Specify) DESCRIBE NOW INJURY OCCURED				
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							and Number o	per or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Rullullur	ehl d	Exan	nine	enf	29c. LICENSE NUI	BER S	2	29d. DATE	SIGNED (Mo	nth, Day, Year)	
	, , , , , , , , , , , , , , , , , , , ,	EMD Y	2030		sbun	y red	Hy	41150.	illen	11)2	180	
	AUG 0 5 1993	132 REGISTRAR'S S	A Andels								1.9	

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	ATTENDING PHYSICIAN: The I
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permit. Paper 1, 2, 3	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put has the death with the State Dept. Or Health and Marial Hygiene prior to burial, cremation, or remove, page 5 should be detached for use as the burial-transit permit. Put IMPRIVANT If then 28 is marked are literal 28 showe any inliny or other process.	INTOTACES INTERESTORY OF THE TOTAL OF THE TO

	1 - STATE OF MARY REGISTRAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	33 24211						
9	1. DECEOENT'S NAME (First, Middle, Lust)			2. DATE OF DEATH	3. TIME OF DEATH						
	FLETA DOVE F	leta Juanita	a Dove	OT 27	93 2:20 PM						
	~ 1./ 1/dod	RITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE									
	579-14-9838 1 DM 2 XF	85 YRS. MONT	THE DAYS HOURS MIN.	May 4, 1908	Maryland						
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF	DEATH 9c. C	COUNTY OF DEATH						
5	Greater Laurel Beltsville Ho	spital L	aurel	Pr	ince George						
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY						
뜸	Maryland Prince George	Bowie			LIMITS?						
A.	100. STREET AND NUMBER	LIOWIE	10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?						
FUNERAL DIRECTOR	12409 Rockledge Drive		20715		U.S.A.						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No-	- 14. RACE - American Indian.						
ВУР	1 Never Married 2 Married FORCES? 1 YE 3 Widowed 4 Divorced FYES, GIVE WAR OR	DATES 2 DINO	If yes, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Spec		Black, White, alc. Specify:						
					White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work d	IL OCCUPATION one during most of working ed.)	16b. KIND OF BUSINESS	/INDUSTRY						
2	Elementary/Secondary (0-12) College (1-4 or 5+)			Dentist Of	fice						
NO.	Grade 8 17. FATHER'S NAME (First, Middle, Lest)	Dental As		AME (First, Middle, Maiden Surner							
	Angus Walter Dove			lorence Simms	ie)						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDI		Route Number, City or Town, State	7in Code)						
5	Patricia Confer			e, Bowie, Mary							
	20a. METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF DIS	POSITION (Name of		- City or Town, State						
	1 Donation 5 Other (Specify)	emetery, cremetory or other pl IVY HILL CEI	netery	7/29 Laurel	, Maryland						
	21. SIGNATURE OF) FUNERAL SERVICE LICENSEE	T	22. NAME AND ADDRESS OF F	ACILITY TO TO	^						
	De Witt Stry College		Donaldson ru	neral Home, P.	Maryland 20707						
	23. PART I. Enter the disease, or complications that cause	ed the deeth. Do not ea									
	ahock, or teart failure. List only one cause on	eech line.			Interval Between Onset and Death						
	disease or condition a. Service										
		CONSEQUENCE OF):									
Z											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
SE	CAUSE (Disease or injury	A CONSEQUENCE OF:									
Ē	that initiated events resulting in desth) LAST	× 0011020021102 01 j.									
	d										
AL	PART II. Other algnificant conditions contributing to deeth	but not reaulting in the	underlying ceuse given in	Part I. 24a. WAS AN AUTOP PERFORMEO?	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
8				1 _ YES 2 _ NO	COMPLETION OF CAUSE						
Σ					1 TYES 2 NO						
AN	OF MAC CASE DESTROYED TO MENON										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C								
₹	1 ☐ YES 2 ☐ NO		Nursing Home 5 - Residence								
<u>a</u> I	(Month Day Year		WORK?	28d. DEŞCRIBE HOW INJURY	OCCURED						
	1 Netural 5 Pending										
BY	1 Netural 5 Pending 2 Accident Investigation 2 Re PLACE OF INJURE	RY — Al homa, farm, atreet,		281 LOCATION (Street and Nur	ther or Rural Boute Number						
BY	Netural 5 Pending Accident Investigation	RY — Al home, ferm, etreet, oecify)		281. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,						
BY	1 Accident 5 Pending 2 Accident Investigation 3 Suicide a Could not be determined 4 Homicide Suicide Could not be determined	pecify)	factory, offica	City or Town, State)							
BY	2 Accident September 3 Suicide Suicide Could not be determined Security 4 Homicide Could not be determined Security 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my known	owledge, death occurred at t	factory, offica	City or Town, State) to the cause(s) and manner as	stated,						
COMPLETED BY	2 Accident investigation 3 Suicide a Could not be determined 28e. PLACE OF INJUI building, etc. (S/	owledge, death occurred at t	he time, dets and place, and dumy opinion, death occured at the	City or Town, State) to the cause(s) and manner as bilma, data and place, and dus t	stated, o the cause(a) and manner as stated,						
BE COMPLETED BY	2 Accident S Pending Investigation 3 Suicide Could not be determined Sec. PLACE OF INJUI 4 Homicide Certifier Certifier Check only One) 2 MEDICAL EXAMINER: On the best of examinat	owledge, death occurred at tition and/or investigation, in i	factory, offica he time, deta and place, and du my opinion, death occured at the 29c. LICENSE NU	City or Town, State) to the cause(s) and manner as bilma, data and place, and dus t	stated,						
COMPLETED BY	2 Accident S Pending Investigation 3 Suicide Could not be determined Sec. PLACE OF INJUI 4 Homicide Certifier Certifier Check only One) 2 MEDICAL EXAMINER: On the best of examinat	owledge, death occurred at to	he time, dets and place, and dumy opinion, death occured at the	City or Town, State) to the cause(s) and manner as bilma, data and place, and dus t	stated, o the cause(a) and manner as stated,						
BE COMPLETED BY	2 Accident 5 Pending Investigation 28a. PLACE OF INJUI building, etc. (S) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY M	owledge, death occurred at to the and/or investigation, in a CANDRS CORATH (ITEM 27) (Type, Print)	he time, date and place, and dumy opinion, death occured at the	e to the cause(s) and manner as a lima, deta and place, and dus to MBER	otated. o the cause(a) and manner as stated. DATE SIGNSD (Month, Day, Year)						
BE COMPLETED BY	2 Accident 5 Pending Investigation 28a. PLACE OF INJUI building, etc. (S) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY MEDICAL EXAMINER: On the basis of examined 29b. SIGNATURE AND TITLE OF CERTIFIER MALLY M	owledge, death occurred at a string and/or investigation, in a contract of the	he time, data and place, and dumy opinion, death occured at the	e to the cause(s) and manner as a lima, deta and place, and dus to MBER	otated. o the cause(a) and manner as stated. DATE SIGNSD (Month, Day, Year)						

8. BIRTHPLACE (St

Nebn

10g. CITIZEN OF WHAT COUNTRY?

Specify

9c. COUNTY OF DEATH

LON

USA

REG. NO

2. DATE OF DEATH 08

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

5. SEX

1

7. DATE OF BIRTH (Month, Day, Year 577-26-1632 1 M 2 F 103 detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 1EREDIAN SPR,N9 to me DIRECTOR 6 RESIDENCE OF DECEDENT 10e STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY SILVER SPRING FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 15107 INTERLACHEN DRIVE, #103 20906 by the hospital or attending physician, be detached for use as the burlal-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-E-MARYLAND 21215-0020 1 Naver Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.) BY 1 YES 2 NO Specify: 3 📉 Widowed 4 🔲 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) TEACHER EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at LAWRENCE RUETER ELIZABETH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BEVERLY D. VALCOVIC 3614 FONTRON DRIVE, EDGEWATER, MD 21037 Pe 20a, METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Rer 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State PARKLAWN CEMETERY Page 6 4 Donation 5 Other (Specify) 8/7 ROCKVILLE, MD dire examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC.
500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 in by the medical 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. and completely filled o burial, cremation, or IMMEDIATE CAUSE (Final 7 aulun the certificate be executed within 24 diseese or condition event, resulting in death) asp traumatic CERTIFICATION Sequantially list conditions, 2 if any, laading to immediata cause. Enter UNDERLYING the attending physiclan Mental Hygiene prior to other CAUSE (Disease or Injury that initiated eventa reculting in death) LAST wo 6 OR ATTENDING PHYSICIAN: The law requires that the death Injury, PART II. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24s. WAS AN AUTOPSY and a PERFORMED? any signed l 1 YES 2 NO Shows been s PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate h 26. PLACE OF OEATH (Check only one) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY marked, 28b, TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES BY 2 NO After t 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 100 ETED. DIRECTOR: A 8 Could not be 2ef. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE FUNERAL DE filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE THE THE BEG (auless ho) Dunes 25410 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (500, Print) his. 3801 International 1455 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whie Sevidson 0 6 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

W.

DAVIS

IF UNDER 24 HRS

CAROLYN

6. AGE (In yrs. last birthday,

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 X NO

WHITE

Approximate Interval Retween

Onset and Daath

24000

6 houll

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

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DHMH-16 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by th	filed within 72 hours after death with the State Dent of Health and Mental Hunjane prior to hurial cremation or remove
-	=	y

		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) HERBERT SOUNDAYIS 2. DATE OF DEATH MONTH 07-30-93 48 ZOUDO N
모		4. SOCIAL SECURITY NUMBER 5. SEX 1X M 2 F 6. AGE (In yrs. lest birthdey) 1X M 2 F 80 YRS. 6. AGE (In yrs. lest birthdey) 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS. 80 YRS.
2, 3 should	стов	Washington Adventist Hospital Takoma Park MONITICOMERY
es 1.	2	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
r. Pag	DIRE	Maryland Prince Georges Adelphi LIMITS? 1 ☑ YES 2 □ NO
permi	AL A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
in. ansit	FUNERAL	1801 Metzerott Road 20783 U.S.A.
LAND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, once.	BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 35 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. Specify:
15-00 trending p	8	15. DECEDENT'S EDUCATION 158. DECEDENT'S USUAL OCCUPATION 158. KIND OF BUSINESS MAINTERTY.
2121 al or atte for use		(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) New York City
AND the hospit detached	COMPL	3 Clerk Transit Authority
MARYLAND retained by the hospit 5 should be detached notified at once.		17. FATHER'S NAME (First, Middle, Last) Sidney Bailey Sidney Backer
MARY! retained by 5 should be notiffed at	BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
(1)	2	Beverly Blackwell (Daughter) 10207 Otlyn Place, Richmond, VA 23233
H be		20a. METHOD OF DISPOSITION DATE OF DISPOSITION (Name of
(94)		4 Donation 8 Other (Specify) Lincoln Memorial Cem. 8/2 Suitland, MD
E		21. SIGNANDING OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850
B nours after d in by the or removal medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
		IMMEDIATE CAUSE (Final Cardio-pullmonary Arrest Onset and Death
		disease or condition
D D D T T	7	Condestive Heart Failure Will CANDIOMEGET
	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST COME THOSE AS A CONSEQUENCE OF: THE TOTAL CAUSE OF THE TOTAL CAUSE (Disease or Injury that initiated events resulting in death) LAST COME THOSE AS A CONSEQUENCE OF: THE AUTOMORPHICAL CAUSE (DISEASE AND NEW ALFAILUME OF COME OF CAUSE
	ICA	CAUSE (Disease or Injury CORONANY HEART DISEASE HYPERTENSIVE
, P.O. B leath certifical attending phy ntal Hygiene i	E	that initiated events resulting in death) LAST 24 CO CONSTRUCTION AND READLEAN OF BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND READLE BOOMERS AND
DS, P the death y the attend d Mental H injury, or		The state of the s
ORDS, that the de to the a the and Men any injury	DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Sever Annual and the prior to completion of cause
Signe Signe	MEDI	GCCUSO ON OAR DAY OF DEATHS
> A		HYPOXEMIA, ACIDOSIS
ITAL F The law in cate has be State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
F VIT/ SICIAN: The certificate the State I, or Item	YSIC	1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
O 등 등 등 등	/ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending M 1 Yes 2 NO
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is mar	D BY	2 Accident Acciden
VISI ATTEN ECTOR: 5 after n 28 i	EE	4 Homicide determined building, stc. (Specify) City or Town, State)
		29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated.
HOSPITAL FUNERAL WITHIN 72	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A. Manua M. 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 7.29.90.
5	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PHIND), 3715-RHODE ISLAND AVE MO HAMMED A. MANHAM HAM MD, 3715-RHODE ISLAND AVE MT. RAINIER. MD 20712:
		31. DATE FILED (Month, Day, Year) 33. REGISTRAR'S SIGNATURE
		AUG 0 3 1993 Julie Davidson Abondance

TYLKE LIGHTSH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur I hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Emma Victoria Dance 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOUR 1 M 2 D F 217-07-5207 85 YRS. 30 1908 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stone Road Westminster Carrol] RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Carroll 1 TES 2 NO Westminster FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 713 Stone Road 21158 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: B 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) commercial artist apparal shop/women examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Hunter Alice Schick BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2115 Marker J. Lovell Attorney 6 North Court Street. Westminster MD 20e METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE creek ipe Cemeterv Uniontown. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Home & Chapel Rd., Westminster, Pritts Funeral Robert K. Pritts 412 Washington MID medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter shock, or heart failure. Lightenly one cause on each line. the mode of dying, such as cardin respiratory arrest. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death Dept. of Health and Mental Hyglene prior to burial, cremation, 23 shows any injury, or other traumatic event, the disease or condition 1200 Selecoke e NOONE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL 1 | YES 2 540 COMPLETION OF CAUSE I D VES 200 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hell . HOSPITAL:
1 | Impelient 2 | ER/Outpettent 2 | DOA OTHER 1 NYES 2 □ NO 27. MANNER OF DEATH se 5 🗌 Residence 6 🗌 Other (Specify) 6 28s. DATE OF INJURY (Mooth, Day, Wer) 28¢ INJURY AT WORK? 264. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJUSTY is marked, 5 Pending Investiga 1 YES 2 NO BY 2 Accident 38e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 📋 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Team, State) 6 Could not be BE-COMPLETED 28 4 | Homicide Hem 29a. CENTIFIER 1 CERTIFYING PHYSICIAN: 30 the best of my provided ... oth occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL (within 72 h 2 MEDICAL EXAMINEB TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 3 Aug 93 5205 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ME, c/o Memorial Ave, Westminster,

Jones

A REGISHAN'S SIGNATURE VALUE

Richard

93

31. DATE FILED (Month,

AUG 6

R1157

velocie i i

IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DE	PARTME	NT OF I	EALTH AND DEATH	MENTA	L HYGIEN		J (, 64	66
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEAT	TH
	Dale Milton	ELLIS					A11		NY 1993	AR	11:05	Ам
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (I	yrs. lest birth		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. 8	BIRTHP	LACE (State or Fo	-
	213-10-3729	[X M 2 □ F	74 Y	RS. MONTH	B DAYS	HOURS MIN.	Feb.	h, Day, Year)		Country)	Virgin	
	9s. FACILITY NAME (If not institution, give street	t and number)		9b. C	ITY, TOWN	OR LOCATION OF D		. 12,	9c. COUNTY			IIa
FUNERAL DIRECTOR	Dennett Road Manon	ome		0ak	land	Hallon.				ett		
R	10s. STATE 10b. COUNTY		100	CITY, TOW	N OR LOCA	TION				T	10d, INSIDE CITY	,
۵	MD Ga	arrett				0akland	1				LIMITS?	NO
AL	10e. STREET AND NUMBER				10	ZIP CODE			10g. CITIZEN	OF WI	HAT COUNTRY?	
ÉF	Star Rt. 2, Box 1-	-C				2	1550		1	USA		
בַּר		2. WAS DECEDENT EVER IN FORCES? 1 YES		1	3. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	1? (Specify Yes	or No- 14.	RACE	— American India	ın,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		- 1		2 XNO Speci		Ricsn, etc.)		Black, Specify	Whits, atc.	
											Wh	ite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	16a. DECEDE	id of work do	ne durina ma	ON st of working	16b	KIND OF BU	SINESS/INDUST	RY		
Z.E	Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired	,							
ME	17. FATHER'S NAME (First, Middle, Last)		L.	abore	r					. p	f Trans	port
	Clyde	P11:-				18. MOTHER'S NA		Middle, Maiden	Sumame)			
BE	19s, INFORMANT'S NAME (Type/Print)	Ellis				Lena			D	umi	re	
2	Activities and activities activities and activities activities and activities activities and activities activities and activities activitie					nd Number or Rural						
	Douglas C. Ellis					Road, Oa	klan	-	-		550	
	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Remove	from State ceme	PLACE AND D tery, crematory	v or other place	ce)		DAT		CATION — City			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	Ga	rrett			Gardens	8/.	5 0ak	land, 1	<u>lar</u>	yland	
	N. 11	1 Af		2		wart Fun		Home				
	Bladley H.	Delibar				S. Secon			land. N	4D	21550	
NOI	IMMEDIATE CAUSE (Fine) disease or condition										Approximatintervel Be Onset and 2 Yea	Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions of Hypertension Senile Dement		t not result	ing in the	underlying	cause givan in	Pert i.	Pert i. 2:a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ₹ NO			Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (Ch	mack only on	n)				
SIC		OSPITAL: Inpetient 2 ER/Outpet	lent 3 🗆 DC	OTH	ER:							
<u></u>	27. MANNER OF DEATH	26s. DATE OF INJURY		TIME OF	28c. INJ	5 Residence			NJURY OCCURE	n		
7	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WO	ES 2 NO	200. 020	OINDE HON N	NOON OCCURE	,		
BY	2 Accident Investigation 3 Suicids 6 Could not be	28s. PLACE OF INJURY	- At home, fe	rm, street, fo		7	28f. LOC/	ATION (Street a	nd Number or Ru	rel Por	uto Mumbar	-
	4 Homicide determined	building, atc. (Specify	1)				City	or Town, State)	TO THE STATE OF THE	700	ne manibel,	
COMPLETED	296. CERTIFIER (Check only one) 1 😾 CERTIFYING PHYSICIAI ONE) 2 🗌 MEDICAL EXAMINER: O	N: To the best of my knowle	dge, death oc and/or investi	curred at the	time, dats	and place, end dus	to the cau	se(s) and man	ner es stated. d dus to the cau	Se(S) 1	and manner as sto	mled.
8	295. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					Aonth, Day, Year)	\neg
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27)	Type Print)		D15	222		8/	4/9	7.3	
	Dr. Thomas Johnson	, MD 311	N. Fou		St.,	Dakland,	Mary	land	21550			
2	AUG 4 1993	32 REGISTRAR'S SIGNAT	TURE PORCLE	L					_			

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VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 2
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2	PHYSICIAN:
INISION OF	R ATTENDING PHYSICIAN: TI
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					IOAIL	- 🗸	DEAL	-	HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Leat) Eleanor E. Golt Enright ENRIGHT ENRIGHT 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR A COLOR M.												
					ع	ENRIGHT			JULY 5.	199		0057 M	
	4. SOCIAL SECURITY NUMBER 222-01-7454	5. SEX	6. AGE (In yrs.) 74		IF UNDER	1 YEAR DAYS	IF UNDER HOURS		0 Month 90/ 191			PLACE (State or Foreign	
	9s. FACILITY NAME (If not institution, give s	street and number)		_	9b. CITY	TOWN C	R LOCATIO	ON OF DEAT			INTY OF D		
Œ	PENINSULA REGION		L CENT	ER	122.00	LISB		OF DEAL	n		ICOM]		
DIRECTOR	RESIDENCE OF DECEDENT				01(1			- "	100111	.00			
Ä	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY	
ā	Delaware Sussi	ex		Reh	both	ı Be	ach					LIMITS?	
甘	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIL									IZEN OF W	THAT COUNTRY?		
ER	202 Prince Stre	nelot			1997	1		1.7		states			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	VAMED	13.	WAS DEC	ENDENT O	F NISPANIC	ORIGIN? (Specify Yes			— American Indian,	
	1 Never Married 2 Married	FORCES? 1		NO	1 2	if yes, sp	2 NO	n, Mexican,	Puerto Rican, etc.)		Black	White	
BY	3 Widowed 4 Divorced		III OII DAILS			I TES	2 - NO	Specny :			Specif	, wrocce	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. C	ECEDENT'S	USUAL O	CCUPATIO	N.		16b, KIND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	, "	(Give kind of side. Do NOT us	work done in retired.)	auring mo	st of working	g				1	
린	12	0	(Cashi	27				Shoe Sto	ore			
ő	17. FATNER'S NAME (First, Middle, Last)								(First, Middle, Malden :	Sumame)			
BE	William Edward (Golt					Els	ie So	chofield				
	19s. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	AODRESS	(Street a	nd Number	or Rural Rou	ite Number, City or Town	State, Zi	o Code)		
2	Self - Prearrang	ed		202 P.	rince	2 St	Co	melo.	t. Rehobo.	th B	each.	DE. 19971	
1	20 METHOD OF DISPOSITION												
- 1	1 Burist 2 Cremation 3 Rsm 4 Donation 5 Other (Specify)	oval from Stats	Betha	PLACE AND DATE OF DISPOSITION (Nama of Location — City or Town, the Parametery 79/93 Lewes, Delawa								are	
	21. SIGNATURE OF FUNCTIAL SERVICE LIC	ayeta.	_	1	22.	NAME AN	D ADDRES	S.OF FACIL	FROITY & Lodge Funeral Home, Inc				
- 1	100	7	201		Pa	rse	LL, A	thin	s & Lodge	Fune	2ral	Home, Inc.	
	- Det	Sau	ay						Lewes, DE.				
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceued the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Lunch Delunch												
윤	CAUSE (Disesse or injury that initiated events	c. OUE TO (OR AS A CONSI	DNSEQUENCE OF):									
E	resulting in death) LAST												
씽		a											
EDICAL	PART II. Other significant condition	s contributing to d		DEDECOR					rt i. 24a. WAS AN A				
음	chronic	ye	unt	wo	COX	a	_		_ 1 _ YES 2			COMPLETION OF CAUSE OF DEATH?	
ME	leele	ania	-	au	ide	e						1 YES 2 NO	
	lessant	Lecu	tie		lu	1.1	hl	in	40				
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1			X		OF DE	ATH (Check	anty ane)				
Š	1 YES 2 NO	HOSPIPAL:	ER/Outpetient	3 🗆 DOA	OTHER 4 □ Nun		5 🗆 Res	ildence 6 [Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF 2 (Month, De		26b, TIM		25c. INJ	TA TH		8d. DESCRIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	lamast pa		1113	M	1 V	1117	NO				1	
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At h	ome, farm, s	treet, fact	ory, office		20	61. LOCATION (Street as	nd Numbe	r or Rural Re	oute Number,	
<u> </u>	4 Homicide determined	building, e	чь. (эрвспу)						City or Town, State)				
" "	298. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the heat of a	ny kaomindan	la eth a sauce	d =4 4b + 44				the cause(s) and mend				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												
8					n, in my o	paraori, ut	Talli Occore	o at the tim	w, dats and placs, sho	dus to ti	ne ceuse(s)	and manner as stated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIER	. 0		112	0	ļ	29c. LICE	NSE NUMBE	ER	29d. DAT	E SIGNED	(Month, Day, Year)	
2	- Ju al	486.	_	1	1/		1/5	76	70		7/4	168	
	30. NAME AND ADDRESS OF PERSON WIN	o HOMPLETED CALISE	COF DEATH OTT	M STA CAPIC	Print)	10	5	1/2	ine A.	lu	ff	1144	
6	31. DATE FILEO (Month, Day, Year)	Julia Dayds	S SIGNATURE	02		-	118	11	aus g		2/2	50/	
	JOL - 10 1000	/	944									- /	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
AUG 1 0

'93

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ITEMS: 2	3 PART I, II	, 27, PEI	R MEO	Film G-7	02 8/30/93	t.t			J	6466	3
	1 - FOR STATE REGISTRAR		RYLAND /	DEPAR	TMENT OF	HEALTH AND F DEATH		L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATN			3. TIME OF DEAT	rn
1	JENNIFER	JUST	INE		FOI	RD	MONTH B O	07	19	93	5:20	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	NPLACE (State or Fo	
	578-84-1306	1 🗆 M 2 🔀 F	37	YRS.	MONTHS DAY	HOURS MIN.		, Day, Year)	955	55 MARYLAND		
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATION OF D		0, 1	_	NTY OF D		
DIRECTOR	PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLE										ES	
	MARYLAND CHA			Y, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS? 1 X YES 2					
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE						10g. CITI	ZEN OF V	WHAT COUNTRY?	
띮	BOX 77A NELSON P	OINT ROAD		20640					UNIT	ED 9	STATES	
5	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS D	ECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes		14. RACI	E - American India	en,
В	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				specify Cuban, Mexic ES 2XXNO Speci		licen, atc.)		Speci	k, White, atc. ://y: BLACK	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	va kind of s	USUAL OCCUPA	TION	16b.	KIND OF BU	SINESS/IND	USTRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	ne retired.)	most of working						
COMPL	10TH GRADE		HOU	USEW)	FE		F	RIVAT	E			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, A	fiddle, Melden	Sumame)			
H	CHARLES MATTHEWS					BARBARA						
0	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	t and Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
-	CURTIS A. FORD		BO	OX 77	A NELS	ON POINT	ROAD,	INDI.	AN HE	LAD,	MD. 206	40
	20e. METNOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSITION	Name of	DATE	20c. LO	CATION —	City or To	wn, State	
	4 Donetion 6 Other (Specify)		ZION	SAPTI	STCHU	RCH CEM.	8/11/	98 HI	LLTOP	, MA	ARYLAND	
	IN SIGNATURE OF FUNERAL SERVICE LA C. THORN	pointlol (ON MOOS		THOR	NTON'S FU	NERAL		MAD	377 A X	VID 20640	
	23. PART I. Entar the diseases, pr	complications that co	auaad the de	ath. Do r	ot enter the n	node of dylana aug	ch as cerd	lac or respi	ratory arr	LLAN	Approxima	nto.
	ahock, or haert fallure. IMMEDIATE CAUSE (Final	Liat only one cause	on aach iina.							551,	interval Ba	atween
	disease or condition	. ARTERIOSCL	EDULLU U	ADDIO	VASCIII AD	DISEASE					Onset and	Directo
l i	resulting in death)		AS A CONSEC			DISCASE						
z											į	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEC	UENCE OF	ን፡							
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
띨	that initiated events	DUE TO (OF	AS A CONSEO	UENCE OF	7):							
	resulting in death) LAST	d										
- 1	PART II. Other significant condition	s contributing to da	ath but not re	sulting i	n the underly	na causa aluan in	Part I	24- 480 441	AUTOBOY	100		
PHYSICIAN: MEDICAL	_OBESITY; FULL TERM		an out not re	outing i	ii die underly	ing causa given in	Part I.	24s. WAS AN PERFOR	MED?	2 4b.	WERE AUTOPSY FIR AVAILABLE PRIOR 1	TO
	TOPESTIL! TOPE JEKN	FREGUANCI					—	YES 2	□ NO		OF DEATH?	AUSE
Σ							- 1				1 YES 2 N	10
AN	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (Ch						
ΗX	27. MANNER OF DEATH	1 Inpatient 2 DEF		28b. TIM		NJURY AT			u u lou a a a			
	1 Natural 5 Pending	(Month, Day, 1	Year)	INJ	URY	VORK?	28G. DES	CRIBE HOW I	NJURY OCC	URED		
В	2 Accident Investigation " 1 YES 2 NO											
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined 2200. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 2201. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rura								loute Number,			
9	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.											
ΔP												
8	23 MEDICAL EXAMINE		menon end/or ir	rvestigation	n, in my opinion,	gesth occured at the	time, date	end place, en	d due to the) censs(s) end menner ee st	ated.
BE	296. BIGNATURE AND TITLE DE CERTIFIES					29c. LICENSE NUI					(Month, Day, Year)	
5	/ MN >	W				0.C.	М.Е.		▶ 0	8/0	7/1993	
	30. NAME AND ADDRESS OF PERSON WH				,							
	111 Penn Street, Baltimore, Maryland 21201											

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	V TE	bee	1.0	55
	API 6	Jas	Dep	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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												93	3	24224
	1 - FOR STATE REGISTRAR		STATE OF I		DEPAR					MENTAL HYG	IENE . NO.			
	1. DECEDENT'S NAME (First									2. DATE OF DEA	TH DAY	YEAR	3.	TIME OF DEATH
	"BABY G	IRL"		ASHLEY			FOR	D				1993		3:43 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la	st birthday)		R I YEAR	IF UNDER		7. DATE OF BIRT	Н	6. BIR	THPLA	NCE (State or Foreign
	NONE		1 □ M 2 🔯 F		YRS.	MONTHS	DAYS	HOURS 3	MIN. 36	AUG. 7,	1993		ARYI	LAND
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)		5	9b. CIT	Y, TOWN	OR LOCATI				COUNTY OF	DEAT	н
S.	PHYSICIAN	US MEI	MORTAT.	HOSPIT	ΔΤ	Т	λ D	LATA				СПУ	DIE	r.c
5	RESIDENCE OF DEC	CEDENT	1100111	ΩП		A I	DATA	`			СПА	ARLES		
DIRECTOR	10e, STATE	10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCA	TION					100	1. INSIDE CITY LIMITS?
	MARYLAND	CHARL	ES		PI	SGA	H					1 X YES 2		
FUNERAL	10e, STREET AND NUMBER						10	. ZIP CODI			10g.	CITIZEN OF	WHAT	COUNTRY?
<u> </u>	BOX 77A NEL	SON PO	INT ROAD					2064	10		UN	ITED	STA	ATES
ا يَ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN? (Speci	fy Yee or No	- 14. RA	VCE -	Americen Indian, hite, etc.
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W		NO			ecity Cube		n, Puerto Rican, at	c.)		ack, Wi ecify:	tite, etc.
						_								BLACK
COMPLETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16e. D	ECEDENT'S Sive kind of a. Do NOT us	USUAL C	during me	ON ost of workin	10	16b. KIND O	F BUSINESS	INDUSTRY		
ا ت	Elementary/Secondary (0	1-12)	College (1-4 or 5	·)	e. Do NOT u	se retired.)			•					
₹	NONE		NONE	N	ONE					NO:	NE			
8	17. FATHER'S NAME (First, M		n.D.							ME (First, Middle, M		,		
BE	CURTIS ANTH		RD					JENN	LFEF	R JUSTIN	E DUN	NINGT	ON.	FORD
2	19e. INFORMANT'S NAME (7									Route Number, City o				
-	CURTIS A. F			В	OX 77	A NI	ELSO	N POI	NT F	ROAD, IN	DIAN	HEAD,	MI). 20640
	20s. METHOD OF DISPOSITION 1													
	21. SIGNATURE OF FUNERA		ENSEE	7 1	DILL I I			ND ADDRES				JI, M	IAN.	LAND
1	pydla	Con	miller	JATA.	sur	TH	HORN	ron's	FUN	VERAL HO	ME			
	ZYDIA C		NTON JOH			R	R. 7	1 BO	X 11	5 POMON	KEY,	MARYL	ANI	20640
1	23. PART I. Enter the di shock, or he	iseeses, or c eart fellure, i	omplications that List only one cau	t coused the de	eath. Do r	not ente	r the mo	de of dyl	ng, sucl	h as cerdiac or	respiratory	errest,		Approximete Interval Between
ļ	IMMEDIATE CAUSE (Fin		0	. 0 /	1						1-			
	disease or condition resulting in death)	→ ,	level	rel U	I anoxia due to Mater						1)00	the	ļ	
			DUE TO	(OR AS A CONSEQUENCE OF):								- International Control		
Z	Sequentially list conditi	1000	D											
RTIFICATION	If any, leading to immed	diate	OUE TO	(OR AS A CONSE	OUENCE O	F):								
일	cause. Enter UNDERLYI CAUSE (Disease or Inju													
Ë	that initiated events resulting in deeth) LAS	,	DUE TO	(OR AS A CONSE	QUENCE O	F):							I	
m II			d											
2	PART II. Other significe	nt condition	s contributing to	death but not	reculting	In the U	nderlyin	ceuse o	Iven In	Part I. 24s. W	S AN AUTOR	SY 2	4b. WEI	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					199					PE	RFORMED?		AWA	ILABLE PRIOR TO WPLETION OF CAUSE
유										一 '癶'	ES 2 NO	'		DEATH?
Σ													×	YES 2 NO
AN	AS WHO CARE DESERVED TO	. usa.a T												
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only one)				
ΥS	1 X XES 2 NO		1 Inpatient 2		□ DOA			e 5 🗆 Re	sidenca	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	Pending	28a. OATE OF (Month, De	INJURY Ty, Year)	28b. TIM	E OF URY	26c. INJ WO	URY AT		28d. DESCRIBE H	OW INJURY	OCCUREO		
B		investigation				М		rES 2	NO					
		Could not be	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, i	street, fec	tory, offic			281. LOCATION (S City or Town,		nber or Rura	I Route	Number,
	- Inomicios (determined												
집	29e. CERTIFIER (Check only	FYING PHYSIC	DIAN: To the best of	my knowledge, de	eth occum	ed at the	time, data	and place,	and due	to the cause(e) end	manner ee	atated,		
COMPLETED			R: On the beals of ex										r(e) end	I manner ee stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	. / .					29c. LICE	NSE NUM	IBER	294	DATE SIGNI	ED (Max	nth, Day, Year)
BE	The San	11	Krano	01 12							•			
2 Moder . M. Mug, MD O.C.M.E. 08/07/1993									/ T222					

5. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only one)							
1 X XES 2	NO	HOSPITAL: 1 Inputient ACER/Outputient 3	DOA 4 Nu	R: rsing Home 5 - Residence	6 ☐ Other (Specify)					
1 Hetural 2 Accident	STH 5 Pending Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUREO					
3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year) 93 32. REGISTRAR'S SIGNATURE
Fisha Davidson Randett

		(a)	
BALTIMORE, MARYLAND 21215-0020	The nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Fage hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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CONTRACTOR OF THE CONTRACTOR O	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	
0	uted	000	ırial,	C 6	l
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	REGISTRAR		C	ERTIFIC	ATE OF	DEATH	REG.	VO.		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH			3. TIME OF GEATH
	Henrietta R	EBECCA	KIRBY		Fiel	ds	July	29 19	93	5:10 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	st birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
	185-09-5455	1 🗆 M 2 💢 F	YRS.	AITHS DAYS	HOURS MIN.	May 17,		Pen	na.	
5	9a. FACILITY NAME (If not institution, give to IVIEVIORIAL HOSPI		STON	91	EAST	ON	EATH		LBOT	
ן ג	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		100 CITY 1	OWN OR LOCAT	104				
DINECTOR	MARYLAND TALB			100. 0111, 1		ICHAELS				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 110 MITCHELL S	T.				21663			S.A.	WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	It yes, spi	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:	Yes or No→	14. RAC Blac Spec	E — American Indian, ik, White, etc.
2	15. OECEOENT'S EDU (Specify only highest grade		18e. D	ECEDENT'S US	UAL OCCUPATION	N .	16b, KIND OF	BUSINESS/IN	DUSTRY	
ū	Elementary/Secondary (0-12)	College (1-4 or 5 +) #	a. Do NOT use n	done during mo stired.)	st of working				
COMPLE	11			CRAB PI	CKER		S	EAFOOL)	
5	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle, Mail	den Surname)		
2	HORACE KIRBY					ELVA	GATES			
ן מ	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Z	ip Code)	
2	GEORGETTA M. SMI	TH		5413 G	INER R	D. PHILA	DELPHIA,	PENNA	. 19	131
	20g. METHOO OF DISPOSITION		20b. PLACE	AND DATE OF	DISPOSITION (No	me of	OATE 20c.	LOCATION -	- City or To	own, State
	1 XBuriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	THOM	AS"MEVI	MIAL C	EVETERY	AUG. 4,	1993 8	ST. N	ICHAELS, Md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME AN	D ADDRESS OF FA	ACILITY			21222
	6/	E P		01			LEONARD F			
-	23. PART I. Entar the diseases, or	UGGE	nec							MARYLAND
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ceu	ae on eech iin	10.						Approximate Interval Between Onset and Death
	resulting in death)	a. DUE TO	(OR AS A CONSI	EOUENCE OF):	n dioun	111/9-	dismi			1 W 88/C
,										
5]	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EOUENCE OF):						
5	cause. Enter UNDERLYING									
CENTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	EOUENCE OF):						
Ę	resulting in death) LAST	d								
- 1	PART II Other elanificant condition	a contributing to	doeth hut not	manufata a ta						
	PART II. Other aignificent condition	1		raaulting in	ne undariying	g cause given in		AN AUTOPSY FORMEO?	248	AWAILABLE PRIOR TO
1	Hyperton 1102	Lus dans	(ung				1 _ YES	2 2 NO		OF DEATH?
		//								1 TES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL THER:	ACE OF DEATH (C	heck only one)			
5	1 □ YES 2 □,NO	1 Inpetlant 2	ER/Outpatient			e 5 🗆 Rasidenca	6 Other (Specify)			
THISICIAN.	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY ay, Ybar)	28b. TIME C	F 28c. INJ	URY AT RK?	28d. DESCRIBE HO	W INJURY O	CCURED	
	1 Fintural 5 Pending 2 Accident Investigation		,			ES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE O building.	F INJURY — At h	ome, term, stre	et, factory, office		281. LOCATION (Str. City or Town, St		er or Rural	Route Number,
COMP LET	4 Homicide determined									
	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, o	leath occurred	t the time, date	and place, and die	a to the cause(a) and	menner se et	stad	
	anal and									a) and menner as stated.
3		7								,
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										
3	1 hu. / / / /	Ch. Herry		July / G Culson D 31466 > 7/29/93						
3		Whom	10			D 31	466	>	7/2	6/53
3	30. NAME AND ADDRESS OF PERSON WITH	Whom	SE OF OEATH (IT	EM 27) (Type, Pr	606 Z	D 31	ori Lan	•	7/2	9/93
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	SE OF OEATH (IT	EM 27) (Type, Pr	m) 606 Z	D 31	ori lor	•	7/2	0 (Month, Dey, Year) 9/93 ~ m d 2/60/

The contract of the contract of

100

3. TIME OF DEATH

9:20

1993

2. OATE OF DEATH DAY

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

D.

Fay 5. SEX

Dorothy
4. SOCIAL SECURITY NUMBER

1 -

	579-60-5547	5. SEX	6. AGE (In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)
_ B		1 M 2 F	80 YRS			04-12-1		Washington, I
E	90. FACILITY NAME (If not institution, give	·)MA		OR LOCATION OF D		Prin	y of DEATH George's
CTOR	RESIDENCE OF DECEDENT					<u> </u>	LLTIU	ce G. Ge.
DIREC	MD MOT	ntgomery	200	Bethesda				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER				IOF, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	5614 Bradley B		-		20814			S.A.
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes,		NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) fy:	e or No— 14	4. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S ED (Specify only highest grades)		(Give kind	T'S USUAL OCCUPAT of work done during it	TION most of working	18b. KIND OF BU	SINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	His Do NO	T use retired.)		Own	Home	
S I	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BE	William H. Dono	van	EXE.			etta M. Ki		
2	19e. INFORMANT'S NAME (Type/Print)			11 - 1 - 1 - 1		Route Number, City or Tow		
	Dorothy F. Varn	ey		Bradley ATE OF DISPOSITION		thesda, Ma		l 20814
	1 Suriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetary, cremate	ory or other place)	metern	8-3-92 C4	Tuer C	Spring, MD.
	21. SIGNATURE OF TUNERAL SERVICE I	LICENSEE ()	Gate Of 1	22. NAME	AND ADDRESS OF FA	ACILITY	IVEL D	
	· Wa	V. X	0		oh Gawler			20016
	23. PART I. Enter the discusses, or	complications that	caused the death D					ington, D.C.
SATION	Sequentially list conditions, if any, leading to immediate	U ₄	ON AS A CONSEQUENCE		Dise	eu.		
RTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	734 740 750				
: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events	a. >+	ypeilen	وسيس	e ing ceuse given in	1 Part I. 24a. WAS AN PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. >+	ypeilen	ng In the underly	ing couse given in	PERFO	RMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and conditions are conditionally conditionally conditions.	ons contributing to	ypeilen	ng in the underly		PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the conditi	d	deeth but not resulting	28. A OTHER: 4 AN Nursing H	PLACE OF DEATH (C	PERFOI	RMED? 2 K NO	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O	deeth but not resulting	28. NJURY M 1	PLACE OF DEATH (C	PERFOI 1 YES : heck only one) 8 Other (Specify)	RMED? 2 IN NO INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 inpetient 2 28e. DATE OF (Month, Do building,	deeth but not resulting the second se	28. A OTHER: A 42 Nursing H TIME OF INJURY M 1 [m, street, factory, of	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2 NO ffice	PERFOI 1 YES : heck only one) 8 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the condition of the condit	HOSPITAL: 1 inpatient 2 28e. PLACE Of building, (SICIAN: To the best of NER: On the basis of existence)	deeth but not resulting deeth	28. OTHER: A 41 Nursing H TIME OF INJURY M 1 curred at the time, digetion, in my opinion	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 NO Titce ate and place, and du to death occured at the	PERFOL 1 YES : beck only one) 8 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State to the cause(e) end ma e time, data and place, as	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO NRED REPRESENTED NUMBER 1. Med Direct
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions and investigation and inves	HOSPITAL: 1 Inpatient 2 28e. PLACE Of building, VSICIAN: To the best of NER: On the basis of example of example of the second of the building, WHO COMPLETED CAUS	deeth but not resulting deeth	28. OTHER: A 41 Nursing H TIME OF INJURY M 1 curred at the time, digetion, in my opinion	PLACE OF DEATH (C	PERFOLITION (Specify) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) end me e time, data and place, as	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO PRED PRED Read Route Number A. Mad Direct Cause(a) and minimal is stated to the call of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 per per per per per per per per per per	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral attending table 5 amount be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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	07	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	100	
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	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Thelma Juanita Fisher			7-30-93	9:15 p m
	4. SOCIAL SECURITY NUMBER 5. SEX	I MO	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	212-18-0213 1□ M 2 🖫 F	82 YRS.			910 NORTH CAROLINA
<u>~</u>	9a. FACILITY NAME (If not institution, give street end number)		CITY, TOWN OR LOCATION OF DI	EATH 9	DC. COUNTY OF DEATH
DIRECTOR	10,000 BRUNSWICK AVEN	UE, #310	SILVER SPRING		MONTGOMERY
H.	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MARYLAND MONTGOMERY	SIL	VER SPRING		1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER	ATT # 1 C	10f, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
N N	10,000 BRUNSWICK AVE	NUE, #DIO	209		USA
	1 Never Married 2 Married FORCES?	1 YES 2 XNO WAR OR DATES	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	Black, White, etc.
BY	3 X Widowed 4 Divorced		The second	<u>'</u>	Specify: WHITE
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINI	ESS/INDUSTRY
1 2	Elementary/Secondary (0-12) College (1-4 or :	HOMEMAKE			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Sur	mame)
BE C	QUINTON	RATER	CAROLI		DREW
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural I	Route Number, City or Town, S	State, Zip Code)
	THELMA JUANITA FAROUHAR	2710 LA	CKAWANNA STREE	r, ADELPHI,	MD 20783
	METHOD OF DISPOSITION Mariel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF D cemetery, cremetory or other		DATE 20c. LOCAT	FION — City or Town, State
	4 Densition 5 Other (Specify)	GEORGE WAS	HINGTON CEMETE		PHI, MD
	> (mo/10,)(//	100	FRANCIS J. CO	LLINS FUNERA	AL HOME, INC.
	23. PART i. Enter the diseases, or compilerations the	PCC	500 UNIVERSIT	Y BLVD., W.,	, SIL. ŚP., MD 2090
	snock, or neart failure. List drily one ca	suse on each line.	enter the mode of dying, suc	h as cardiac or respirat	intervai Between
	IMMEDIATE CAUSE (Final disease or condition	1. Arest	<u>/</u>		Onset and Death
	resulting in death) a. Oue T	O (OR AS A CONSEQUENCE OF):	. 1/ /	/	
Z	Sequentially list conditions,	nos lesotu	- Heart V	1 sease	
ATE	if any, leading to immediate cause. Enter UNDERLYING	O (DR AS A CONSEQUENCE OF):			
드 인	CAUSE (Disease or injury	O (DR AS A CONSEQUENCE DF):			
CERTIFICATION	resulting in death) LAST	_			
	PART ii. Other aignificant conditions contributing t	o death but not resulting in the	ne underlying cause given in	Part i. 24s. WAS AN AU	TOPSY 24b, WERE ALITOPSY FINDINGS
CAL		o document not readily in the	is anderlying cause given in	PERFORME	D? AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				1 YES 2	NO OF DEATH?
				_	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	ack only one)	
YSIC	1 VES 2 TINO 1 Inpatient 2		HER: Nursing Home 5 Desidence	6 Other (Specify)	
F	27. MANNER OF DEATH 28e. DATE C (Month,	Day, Year) 28b. TIME OF INJURY	WORK?	28d. DEŞCRIBE HOW INJU	JRY OCCURED
B	2 Accident Investigation	OF IN HIEW	M 1 TES 2 NO		
9	3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At home, farm, stree g, etc. (Specify)	t, ractory, office	281. LOCATION (Street end City or Town, State)	Number or Rural Route Number,
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of				
	296. SHENATURE AND TITLE DE CENTRER		29c. LICENSE NUN		9d. DATE SIGNED (Month, Day, Year)
) BE	Theren & langera	- W	8095		> 3-1-92
2	30 NAME AND ADDRESS OF PERSON WHO ODMPLETED CA	USE OF DEATH (ITEM 27) (Type, Prin	0		
	STEVEN K MAUFF,	MAN 8830 C	AMERON ST.	SILVER	SPRING MD. 20901
1 1	31. DATE FILED (Month, Day, Ybar) 32. Jegiste AUG 0 2 903 Julia	LANGS SIGNATURE DEMOSSION PROPERTY			
	AUG 0 2 1993 Julia				

4

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is works after death. Page 6 into THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S MAME (First, Middle, Last)	FAR		2. DATE OF DEATH	3. TIME OF DEATH					
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8:40 A. M 8. BIRTHPLACE (State or Foreign Country) Ohio					
TOR	90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEA POCKVILLE MONTAX									
DIRECTOR	100. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	MD. Montgomery	G;	aithersburg	Lan	1 🔀 YES 2 🗌 NO CITIZEN OF WHAT COUNTRY?					
FUNERAL	101 Odend Hal Ave., # 515		20877		U.S.A.					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 ☐ YES 2 ☑ NO Specify	n, Puerto Ricen, atc.)	- 14. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 1.2 College (1-4 or 5+)	Iffe. Do NOT use	ork done during most of working retired.)	16b. KIND OF BUSINESS	S/INDUSTRY					
JWC	17. FATHER'S NAME (First, Middle, Last)	Housemo		ME (First, Middle, Maiden Surnan	Home					
	Floyd C. Snyder			Annie Jarv						
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ADDRESS (Street and Number or Rural in							
5	Anne F. Foley	9655 Ma	arston Lane, Ga	ithersburg, M	D. 20879					
	20e. METHDO OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	other place)	TION (Name of cemetery, crematory or		N — Cify or Town, State					
	4 □ Donation 5 □ Other (Specify)	Metropolit	an Crematory 1 22, NAME AND ADDRESS OF FA	CILITY	ndria, VA.					
	Michael Gu	lelian	3-0-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DeVol Fur	neral Home rsburg, MD. 20877					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE OF)	:		Interval Between Onset and Daath					
MEDICAL	PART II. Other significant conditions contributing to de	isth but not resulting in	n the undarlying cause givan in	Part I. 24a, WAS AN AUTON PERFORMED?	AMILABLE PRIOR TO					
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER? 1 YES 2 NO 1 I I I I I I I I I I I I I I I I I I		OTHER: 4 Nursing Home 8 Residence	8 Other (Specify)						
Y PHYSICIAN:	27. MANNER OF DEATH 1. Netural 5 Pending Netural 5 Pending	JURY 28b. TIME	OF 28c, INJURY AT	26d. DESCRIBE HOW INJURY	OCCURED					
2 Accident Investigation 2 Accident Investigation 2 Subsides 28. PLACE OF INJURY — At home, farm, street, lactory, office 281, LOCATION (Street and Number or Rural Route N										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of example of the basis of example of the basis of example of exa									
TO BE C	29b. SIGNATURE AND TITLE OF CARTIFIER	my	29c. LICENSE NU	MBER 29d. ▶	DATE SIGNED (Month), Day, Year)					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLÉTED CAUSE	OF OEATH (ITEM 27) (1700)	Print) PINCO	Philip Di	Olymp 200					
	31. DATE FILED (Month, Day, Year) AUG 0 3 1993 32. REGISTRAB	s SIGNATURE								

1	1. DECEDENT'S NAME (First, Mid		D1-		<u> </u>	1111110	<u> </u>	. 01	DEA		2. DATE OF MONTH	DEATH DA	v	YEAR	3. TIME OF DEATH
	Hans		Foch		(In yrs. last b	- Andreadon of the Andr	· Impro	. Wrin			8	-/	19	93	3:50
9	213-14-539	1/1	1 M 2 F		85 85		NTHE	DAY8	HOURS	MIN.	7. DATE OF (Month, D	ev. Year)	200	Country	
	Sa. FACILITY NAME (If not institut				0)		b. CITY.	TOWN	OR LOCATI	ON OF DE	2 2 ATH) [908	NTY OF DE	anada
HO	250 Stacey	Le	e Drive			96. CITY, TOWN OR LOCATION OF DEATH Westminster						rrol			
5	RESIDENCE OF DECED	ENT								701			0 0	11101	
DIRECTOR		COUNT				10c. CITY, T									10d, INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	Car	roll				wes		inst						1 YES 2 N
RA	250 Stacey	Tio	e Drive					"		1 58				nada	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	210	12. WAS DECEDEN	IT EVER	IN U.S. YARME	D	13. V	WAS DEC	CENDENT C	F NISPAN	IIC ORIGIN? (S	Specify Yes			- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Noverced		FORCES? 1						pecify Cube S 2 NO		n, Puerto Rica	in, etc.)			white, etc.
TED	15. DECEDE (Specify only high				(Give	DENT'S US	done d			10	18b. KJI	ND OF BUS	INESS/INC	DUSTRY	
LET	Elementary/Secondary (0-12)		College (1-4 or 5	+)	Mo. Do	o NOT use re	etired.)								
COMPL	17. FATHER'S NAME (First, Middle	(net)			WO:	rker	_		40. 44000			undi	-		
ECC	Konrad	2001)	Focht								ME (First, Midd		Surname)	9	
0	19a. INFORMANT'S NAME (Type/	rint)	T-OCTI 0		19b. I	MAILING AD	ORESS	(Street		na or Rural I	Mar Route Number,		, State. Zir	Code)	21791
5	Marie E. Y	ing	ling								d U				
	20a. METHOD OF DISPOSITION				b. PLACE ANI	DATEOF	DISPOSI	TION (N	lame of	44 16	DATE			City or Toy	
	4 Donation 5 Other (Spe	alfy)		_ Cer	rest.	lory or other Lawn	place)	me	tery		8/10	Ba]	Ltim	ore.	MD
	21. SIGNATURE OF FUNERAL SE	RVICE LIC	CENSEE	K	aps				NO ADDRE						
	Robert			1	T1	UCS	Fun	eral	Home	e &	char	el nster			
CERTIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		C		A CONSEQUI										
	Sallest Williams		d	4 4 4	27 - 22 - 112										-
: MEDICAL	Malunt.			deeth I	but not res	uiting in t	the uni	derlyin	ng ceuse (given in		PERFOR	MED?		WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL							LACE OF D	EATN (Ch	eck only one)				
YSI	1 TYES 2 NO		HOSPITAL:	ER/Out	patient 3 🗆		THER		ne 5 Re	eldence	6 Other (S	pecify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident	ling tigation	28a. DATE OF (Month, D	lay, Year)		28b. TIME O	M	1 🔲	JURY AT ORK? YES 2] NO	28d. DEŞCRI	BE NOW IN	JURY OC	CURED	
ED	3 Suicide 6 Coul 4 Homicide deter	d not be mined	28e, PLACE O building,	etc. (Spe	Y — At home eclfy)	, farm, stree	el, fecto	ery, offic	ca		281. LOCATIO	ON (Street a lown, State)	nd Number	or Rural Ro	oute Number,
COMPLET			CIAN: To the best of R: On the basis of a												and manner as sta
TO BE	29b. SIGNATURE AND TITLE OF	lobe	5 MD						29c. LICE	33.			29d. DAT	8/7	(Month, Day, Year)
	30. NAME AND ADDRESS OF PEI FM G 16 31. DATE FILED (Month, Day, Year)	th th	O COMPLETED CAUSE 32. REGISTRA	SE OF DE	95	Cqv	nt)	ک ایا	:+	W.	stmin	ster	/ /	40	
		10	'93 REGISTRA	H'S SIGN	ATURE AUTO	leon-M	ende	بالال							

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	1. DECEDENT'S NAME (First, Middle, Last)					· DEM		2. DATE OF	DEATH			3. TIME OF DEAT	N
	LAURA BELLE (ak	a NORMA J	EAN)	FI	KE			MONTH	31,		YEAR	3:00	Рм
- 8			GE (In yrs. last I		IF UNDER 1 YEA	R IF UNDER	24 HRS	7. DATE OF		1993		PLACE (State or Fo	
	215-42-4869		57	YRS.	MONTHS DAY		MIN	(Month, D	ley, Ybar)	026	Country)	roigir
	9a. FACILITY NAME (If not institution, give stre) /		9b. CITY, TOW	1 00 1 00 1		Mar.	14,				
œ		et and number)						HTA			NTY OF DE		
2	Memorial Hospital				Cumb	erlan	<u>d</u>			A	11ega	any	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	
E	Maryland Gar	rett										LIMITS?	
	10e. STREET AND NUMBER	Tett		ua	kland				_			1 TES 2 1	NO
A	Rt. 4 Box 6610					10f. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL						2155	_				SA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARM ES 2 . NO	ED)	13. WAS (Specify Cuba	F HISPAN	IC ORIGIN? (Specify Yea	or No—	14. RACE Black	- American India White, etc.	n,
B	3 🔀 Widowed 4 □ Divorced	IF YES, GIVE WAR O	R DATES			ES 2 NO					Specifi	White	
	15. DECEDENT'S EDUCA	71011	1									white	
COMPLETED	(Specify only highest grade co	ompleted)	(Give	kind of v	USUAL OCCUP/ vork done during re retired.)		g	16b. Ki	ND OF BUS	SINESS/IN	DUSTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)			11								
Ž			Dusi	mes	s Manag						atior	1	
	17. FATHER'S NAME (First, Middle, Last)		_			16. MOTA	HER'S NAI	ME (First, Mide	dle, Maiden	Sumame)			
BE	Martin VanB	uren	Brown	iing		1	Ruby		Pe	ar1		Uh1	
2	19a. INFORMANT'S NAME (Type/Print)				AOORESS (Street						,		
- 1	Mrs. Sandra Parson	S	60	1 "	I" St.	Mt.	Lake	Park	Md.	215	50		
	20a. METNOD OF DISPOSITION 1 ☑ Buriat 2 ☐ Cremetton 3 ☐ Ramov		20b. PLACE AN	DDATE	FDISPOSITION	(Name of		OATE			City or Tov	vrı, Stata	
1	4 Donation 5 Other (Specify)	all from State	Deer P	ark	Cemete	rv		8/4	Des	er Pa	rk 1	Maryland	1
	21. SIGNATURE OF FUNERAL SERVICE MICE	NSEE	4			AND ADDRES	SS OF FAC	CILITY					1
1	► 110 t)/10	111. 1	, 								Box 2		
-	Kotas Mis		M00167		Dur	st Fur	nera	1 Home	· - 0	akla	nd, M	ld. 2155	0
	23. PART I. Enter the diseeses, or conshock, or heart feilure. Li	of only one cause of	n each line									Approxima	
	IMMEDIATE CAUSE (Final	DUE TO COR A POSSIBLE	1100	0	Post	00/1	101	hes	nili	1ha	Pe -	Onset and	
1	disesse or condition resulting in deeth)	101081	IVT		4000	1 4 10	010						
1		DUE TO (OR /	S A CONSEQU	ENCE O	7: 0 - /	1		٨	0				
Z	6	Passible	R	cy) 7	the Ed	nos	gera	nuc	ou	1891	Yfn		
E I	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	LS A CONSEQU	ENCE OF	7:						,		
2	CAUSE (Disease or Injury												
H	that initisted events	DUE TO (OR A	AS A CONSEQU	ENCE OF	7):								
CERTIFICATION	resulting in deeth) LAST												
9	PART II. Other eignificent conditione	contributing to deet	h hut not me	nultina i	n the underly	laa sawaa a	alesa da d	Deat La					
DICAL		oonline to deet	11 500 1100 160	outing i	ii trie dilucity	ing cause g	Jiven In I	Part I. 24	PERFOR			WERE AUTOPSY FII AVAILABLE PRIOR	то
ă								_ 1	YES 2	⊠ NO		COMPLETION OF C OF DEATH?	AUSE
¥ I								_				1 YES 2 N	10
ž													
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSDITA:				PLACE OF O	EATN (Che	ck only one)					
ž		HOSPITAL: I 덫 Inpetient 2 및 ER/0	Outpatient 3	DOA	OTHER: 4 Nursing N	ome 5 □ Ra	sidenca	8 Other (S	pecify)				
2' 1		28a. DATE OF INJUI	RY	28b. TIM	E OF 28c.	NJURY AT		28d. DESCR		NJURY OC	CURED		
Ĕ	27. MANNER OF DEATH		97)	INJ		WORK?	NO						
Y PHYSICIAN: ME	1 Netural 5 Pending	(Month, Day, Yea											
À	1 Netural 5 Pending 2 Accident Investigation		URY — At home	e, tarm, s	treet, factory, of	Mica		28t. LOCATI	ON /Street s	und Number	or Burni Br	ruda Number	_
À	1 Netural 5 Pending	28e. PLACE OF INJU building, etc. (3	URY — At home Specify)	e, tarm, s	treet, factory, or	Mica		28t. LOCATI City or 1	ON (Street a fown, State)	and Number	or Rural Ro	oute Number,	
À	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (3	Specify)					City or 1	fown, State)			oute Number,	
À	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAL	28e. PLACE OF INJI building, etc. (3	Specify)	h occurre	d at the time, d	eta and placa,		City or 1	(s) and mar	nner as sta	ted,		
À	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJI building, etc. (3	Specify)	h occurre	d at the time, d	eta and placa,		City or 1	(s) and mar	nner as sta	ted,		ated.
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAL	28e. PLACE OF INJI building, etc. (3	Specify)	h occurre	d at the time, d	eta and placa,		City or 1	(s) and mar	nner as star	ted, ne cause(a)		ated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	28e. PLACE OF INJI building, etc. (3	Specify)	h occurre	d at the time, d	eta and placa, , death occur 29c. LICE	ed at the t	City or 1	(s) and mar	nner as star	ted, ne cause(a)	and menner as st	ated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	28e. PLACE OF INJI building, etc. (3 AN: To the best of my ke On the bests of axamin.	nowledge, death	h occurre	od at the time, d	eta and placa, , death occur 29c. LICE	ed at the t	City or 1	(s) and mar	nner as star	ted, ne cause(a)	and menner as st	ated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28e. PLACE OF INJUDUITION, etc. (S) AN: To the best of my ke On the basis of axamin. COMPLETED CAUSE OF	nowledge, death	n occurrence restigation	ord at the time, d	eta and place, , death occur 29c. LICE	ed at the tense num	City or 1 to the cause(time, data an	(s) and mar d place, an	d due to the	ted, ne cause(a)	and menner as st	ated.
	1 Natural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Sulcide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF INJUDUITION, etc. (S) AN: To the beat of my ke On the beats of axamin. COMPLETED CAUSE OF JOHNSON I 32. REGISTRAB'S S	nowledge, death stion and/or inv GEATH (ITEM: Heights	h occurre restigatio	ord at the time, d	eta and place, , death occur 29c. LICE	ed at the tense num	City or 1 to the cause(time, data an	(s) and mar d place, an	d due to the	ted, ne cause(a) E SIGNED (and menner as st	ated.

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	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM				GIENE G. NO.		
10	1. DECEDENT'S NAME (First, Middle, Last)	DE FOUNDI				2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
		EE FOXWELL				- 0	9 1993		0330 M
	01/ 00 0500	■ M 2 🖾 F 90		UNDER 1 YEAR OTHS DAYS	HOURS MIN.	7. DATE OF BII	1902	Mar	yland
	9e. FACILITY NAME (If not institution, give street	and number)	96.	CITY, TOWN O	R LOCATION OF DI			TY OF DE	
DIRECTOR	Mallard Bay Nu	rsing Home		Cam	bridge		D	orc	hester
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
		hester	C	ambri	dge				K□ YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 520 Glenbur	n Ave.		101.	2161	13		S.S.	A .
S		. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	NDENT OF HISPAN	NIC ORIGIN? (Spe	ocify Yes or No-	14. RACE	- American Indian,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2			Cify Cuban, Mexica XX NO Specify		etc.)		white white
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ON 16	a. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND	OF BUSINESS/INDI	USTRY	
LEI	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	(Give kind of work the. Do NOT use ret	ired.)	t or working				
MP	8		homem	aker					
	17. FATHER'S NAME (First, Middle, Last)	Ch			16. MOTHER'S NA				
BE	Jesse 19a. INFORMANT'S NAME (Type/Print)	Shorter	I 404 MAIN MIC 400			Bessie		2	
2	Milford M. Foxw	e11	104 G1	enbur	n Ave.	Cambr	y or Town, State, Zip idge Md	. 2	1613
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)		ACE AND DATE OF DI ry, crematory or other p rchester				20c. LOCATION — C	-	
- 8	21. SIGNATURE OF FUNERAL SERVICE LICENS		-		D ADDRESS OF FA	CILITY			
	> Kerentt R	I Showers (7	700 I	ocust S		mas Funer ridge Md		
	23. PART i. Enter the diseases, or com shock, or heart feliure. List	plications that caused to	ne death. Do not						Approximata
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Carcinom		H.	Brea	rL			Onset and Death
_		DUE TO (OR AS A CO	ONSEQUENCE OF):						12013
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):						
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF :						
	resulting in death) LAST								
AL C	PART II. Other algnificant conditions of	ontributing to death but	not resulting in th	ne underlying	ceuse given in	Part I. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	organic Grai					12.0	PERFORMED?	10000	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	old ace					''	YES 2 10		OF DEATH? 1 YES 2 NO
ž	3					_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?				ACE OF DEATH (Ch	eck only one)			
, SIC	A CO MAR A POPULA	OSPITAL: Inpatient 2 ER/Outpatie	ent 3 DOA 4	HER: Nursing Home	5 Residence	8 Other (Spec	city)		
H	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY	28c. INJU	IRY AT	28d. DESCRIBE	HOW INJURY OCC	URED	
B	2 Accident Investigation	20- 01 405 05 11 11 17			ES 2 NO				
COMPLETED	3 Suicide S Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At nome, farm, street	i, factory, office		281. LOCATION City or Town	(Street end Number (n, State)	or Rurel Ac	oute Number,
PLE	290. CERTIFIER (Check only	t: To the best of my knowledg	ge, death occurred at	the time, date	end place, end due	to the cause(e)	end manner as state	id.	
COM	2 MEDICAL EXAMINER: 0								and manner so stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIED	2 /	/		29c. LICENSE NUI	MBER	29d, DATE	SIGNED ((Month, Day, Year)
2	30. NAME AND ADDRESS OF PENSON WHO CO	OMPLETED CHOSE OF OLATH	(ITEM 27) (Type, Prin	0	V-7	1209	- 8	-/	ローブリ
	Edward J. 31. DATE FILED (Morth, Day, Year)	Mar Las 32. REGISTRATS SIGNAT	14/2	101	rove	SI	Coms	rie	1 rd
	AUG 1 1 '93	Junia Du	4dson-Randa	32					



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DIVISION OF VITAL RECORDS.

BALLIMURE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit.	or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 88760, BALLIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE

31. DATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

										93	24232
	FOR 1 • STATE	STATE OF MAR						MENTAL HYGIE			
	REGISTRAR		CE	RHE	ICATE	E OF	DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)	WILI	BUR GA	SS					DAY	YEAR	3. TIME OF OEATH
	WILBER GA.							07-1	8 -	93	10:58 PH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH Countr	IPLACE (State or Foreign
	217-44-0017	1 💢 M 2 🗌 F	90	YRS.	MONTHS	DAYS	HOURS MIN.	May 27,	1903		hington, DC
	9s. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN	OR LOCATION OF D			UNTY OF D	
R	Suburban Hospital				Rei	thes	da		Mon	taam	0.4477
K	RESIDENCE OF DECEDENT				Бе	riies	ua		Mon	tgom	ery
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	-		10c. CITY	r, TOWN C	OR LOCAT	TION				10d. INSIDE CITY
₫	Maryland Monte	gomery		Cl	nevy	Cha	se				LIMITS?
7	10e. STREET AND NUMBER				,		f. ZIP CODE		10a. CI	TIZEN OF Y	WHAT COUNTRY?
8	7506 Glendale Ro	oad					20815		U.S		
Z	11. MARITAL STATUS	12. WAS DECEDENT EVI	FO IN 11 C ADA	450	12	WE OF		NIC ORIGIN? (Specify)			
	1 Never Married 2 X Married	FORCES? 1 7	ES 2 X N	0		If yes, sp	ecify Cuban, Maxic	an, Puerto Rican, atc.)	es or No-	14. RACE Blaci	E — American Indian, k, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			1 TYES	2 NO Specif	fy:		Spec/	White
	15. OECEDENT'S EDUC	ATION	16a DEC	EOENT'S	I I	COLIDATIO	201			1	WILLE
E	(Specify only highest grade of	completed)	(Gh	e kind of w Do NOT us	vork done i	during mo	ost of working	16b. KIND OF B	USINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Atto	orney	7			U.S. G		_	
8		1						AME (First, Middle, Malde	,		
B	Frank Edwar	d Gass						Virginia			e
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			paren
-	Mary D. Gass		7.5	506 (Glend	dale	Rd., Ch	evy Chase	, MD	2081	5
- 1	20a. METHOD OF DISPOSITION 1 ☐ Burlat 2 ☐ Cremation 3 ☐ Remo	140000000	20b. PLACE A	NDDATEC	F DISPOS	SITION /Ne	ame of	DATE 20c. L	OCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)	Val from State	Ft. L	natory or of	ner place) Ln Ce	emet	erv	7-22 Br	entwo	od. 1	MD
	21. SIGNATURE OF FUNERAL BERVICE LICE					-	ND ADORESS OF FA				
	> / /	(1:)/	/					R'S SONS,			
_	CON	Henkert	0-	-		5130	Wisc. A	ve., NW	Wash.	, DC	20016
	23. PART i. Enter the diseases, or co shock, or heart failure. L	opipiicetions that ceu list only one cause o	ised the dea	ith. Do n	ot antar	the mo	da of dying, suc	ch as cardiac or rea	piratory as	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	A	ar adom mig.								Onset and Death
- 1	disease or condition resulting in death)	PMan	MIMA	ins							5 Sheer
		OUE TO (OR	AS A CONSEO	UENCE OF	7:						1
z		14CD	sint:	774							6 dec.
CERTIFICATION	Sequentially list conditions, if any, landing to immediate	OUE TO OR	AS A CONSEC	UENCE OF	7:						o all
¥	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	AS A CONSEC	UENCE OF):						+
E 1	resulting in death) LAST										
핑		•									<u> </u>
	PART II. Other algnificent conditions	contributing to deel	h but not re	euiting i	n the un	deriying	g cause given in	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	arterix ela	notice 64	Pax	2);	1000	0 /		100	DRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Denstil	0	1	D			B	1 YES	2 NO		OF DEATH?
Σ	- Jenensia	deres 70	رف	el	62	5-50	went				1 TYES 2 NO
Ž		di	Cere								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF OEATH (Ch	seck only one)			
YSI	1 TYES 2 XNO	1 inpatient 2 ER/	Outpatient 3	□ DOA			e 5 🗆 Residence	e ☐ Other (Specify)			
표	27. MANNER OF OEATH	20s. DATE OF INJU (Month, Day, Yo.		26b. TIME		26c. INJ	URY AT	20d. DESCRIBE HOW	INJURY OC	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At hor	ne, farm, s	treet, fact	ory, offic	•	281. LOCATION (Stree		or Rural R	loute Number,
E	4 Homicide determined	building, etc., (эрвспу)					City or Town, Stat	(e)		
9	298. CERTIFIER	IAN. To Mark and an a			. 200						
F		IAN: To the best of my lo									
COMPLETED		: On the beals of examin	ation and/or in	rvestigation	n, in my o	pinion, d	eath occured at the	time, data and place,	and dua to t	he cause(s)) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER					[[29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
0	For ! Learn	1					0/02	00	D 7	7/10	103
~ 1				_						2 6	/ 7 -

30. REGISTRAR'S SIGNATURE 1993 DHMH-10 Rev 1/89

Chery'C

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFICA	AIE OF	DEA	IH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Mildred	Mildred B.	Gibson				2. DATE OF DEATH MONTH 8 - D	1-93	3 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-24-3276	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR OTHS DAYS	#F UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar 13,1	928	Country	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give s	street end number)		CITY, TOWN	OR LOCATI				INTY OF DE	
Greater Laurel	Beltsville	Hosp.	Lau	rel			Pri	ince	George
Maryland Princ	e George		aurel	TION					10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
10e. STREET AND NUMBER			10	. ZIP COD	E		10g. CIT	IZEN OF W	NAT COUNTRY?
14510 Bowie	Rd,	ADMED		207			B	J.S.	
1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES	ŽINO VHIMED	If yes, sp	ecify Cube	ın, Maxicai	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) ':	or No-	Specifi	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION	DN st of working	ng	16b. KIND OF BUS	SINESS/INI		
7th Grade	College (1-4 or 5+)	Superv:				Tndu	~ L w i	al r	Terral Ca
17. FATHER'S NAME (First, Middle, Last)		Superv.	LSUL	18. MOT	HER'S NAI	ME (First, Middle, Maiden		Lal	Towel Co.
George L.	Brooks			Pr	isc	illa C	orbe	ert	
190. INFORMANT'S NAME (Type/Print) (H	usband)					loute Number, City or Town			
Yr Phillip E. G	ibon Sr	14510			ىلى يا	aurel, M		City or Tow	
1X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ovat from State cemetery.	crematory or other p	olecel		Par			1. N	
21. SHERATURE OF FUHERAL SERVICE LIC	S. Man	len		wden	Fu	neral Ho			20850 cville, M
23. PART I. Enter the diseases, or others	complications that caused the List only one cause on sech il	dasth. Do not a	inter tha mo	de of dy	ing, such	as cardiac or respi	ratory an	rest,	Approximate
iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	and the second section of the second	ephalor Phalor	pathy	h				•	Interval Between Onset and Death
	DUE TO (OR AS A CONS	EQUENCE OF):	Нера	/	Fa	ilure			
Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS A CONS	SEQUENCE OF):		ure	7.1 C	ohol Abu	50		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Chro	MIC A	Coho	10	iba	se Abu			-
resulting in death) LAST	d								
PART II. Other algnificant condition	a contributing to death but no	t resuiting in th	e underlyin	g cause g	given in i	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗍 YES 2	10 NO		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF D	EATH (Che	ck only one)			
EXAMINER?	HOSPITAL: 1 Dinpetient 2 ER/Outpetient		HER: Nursing Hom	e 5 🗆 Re	eldence	8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO			28d. DESCRIBE HOW IF	NJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street	, factory, offic	•		28f. LOCATION (Street e City or Town, State)	nd Number	or Rural Ro	oute Number,
	CIAN: To the best of my knowledge,						ner as atal	led.	

29c. LICENSE NUMBER

7395

3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF

Timoth

AUG 03

1993

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day,

8/2

The second of th

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Columbus R. Gentile 07 q' 7:50 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign (Month, Day, Yea March 3, 121-05-5207 DAYS 1 🕅 M 2 🗌 F 83 HOURS VRS. 1910 New Jersey 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1111 University Boulevard, West 20902 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 X NO Specify Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Analyst 2 Department of Interior 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Nicola Gentile Cristina Tucci BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Lynn Hellinger 16301 Promontory Court Rockville, Maryland 20853 20a, METHOD OF DISPOSITION
1 🖾 Burlel 2 🗆 Cremetion 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Norbeck Memorial Park 8/2/93 Olney, Maryland 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00672 Souls 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximats** shock, or heart failure. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition 1/5 C, 10 resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events **OUE TO (OR AS A CONSEQUENCE OF):** resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF DEATN? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HØSPITAL:

y Xinpetient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 WES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investiga BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 8 Could not be 4 Homicide determined 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of at red at the time, data and placa, and due to the ceuse(s) and manner as stated. 296. BHINATURE AND TITLE OF 29d. DATE SIGNEO (Month, Day, Year) 0 0 36. NAME AND ADDRESS OF PERSON PLETED CAUSE OF DEATN (ITEM 27) (Type, H327 2083 8718 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Davidson-Randall 6

199

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR ERTIF						IYGIENI REG. NO.	E	93	24235
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	-			3. TIME OF DEATH
	FLORENCE	MAY	GRIFFIN						Aug.	4	7 10	993	0208 а. м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF	BURTH	1		LACE (State or Foreign
	202-18-3282	1 M 2 F	66	YRS.	MONTHS	DAYS	HOURS	0.000.1	(Month, De	nr. Year)	926	Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)	00		9h CIT	Y TOWAY	OR LOCATI						
Œ	35 Green Stree				100								
16	RESIDENCE OF DECEDENT	L			Earleville						0.6	SCII	
l m	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	TION					į	10d. INSIDE CITY
🚡	Maryland Ceci	1			Ear1	evi1	.1e						LIMITS?
¥	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF WI	IAT COUNTRY?
8	35 Green Stre	et					219	19			Unit	ted S	tates
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, White, atc.
	1 Never Married 2 Married		MAR OR DATES	NO			ecity Cube 2 7 NO		n, Puerto Rica	n, etc.)		Black, Specify	
B	3 X Widowed 4 Divorced				-		X	-,,				,	ite
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON set of worki	na	16b. K#	O OF BUS	INESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5	- Man	. Do NOT us	e retired.)	ourng mo	or worm	v					
- E	12		Pu	ıblic	Re1	atio	ns		Ches	ster	Hous:	ing A	uthority
at old	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Midd	le, Maiden :	Surname)		
111	Edward M ^C Mana	my						Flor	ence V	Vebst	er		
2	19a, INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street e	nd Numbe	or Rural I	Route Number, (City or Town	, State, Zip	Code)	
2 5	Raymond Griffin		1	116 S	aude	Ave	e., E	ssin	igton,	PA.	190	29	
2	20e. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Remove	and and according	20b. PLACE	AND DATE	OF DISPO	SITION (Na	ame of		DATE	20c. LO	CATION — C	Ity or Tow	n, Stata
Ē	4 Donation 5 Other (Specify)	Over Iron State	cemetery, cre Edgewo	od M	ther place emor	ial	Park		8-7	G1e	n Mi	11s,	PA. 19342
TO BE	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	NAME AN	ND ADDRE	SS OF FA	CILITY	m a 1 a	מ	٨	
	Donal of.	24	Cali]	103 %	Vest	Stoc	kton S	tree	, F.	1.	
5	23. PART i. Enter the disesses, or o	complications the	it caused the de	ath. Do r	not ente	the mo	de of dy	ing, suc	h as cardiac	or respi	ratory srm	net .	Approximate
	shock, or heart feliure.	List only one cer	use on each line					100		от тоори	atory orre		interval Between
2	IMMEDIATE CAUSE (Final disease or condition	RE	COIPI	170	0.	,	1	00					Onset and Death
Ë,	resulting in death)	a. DUE TO	OR AS A CONSE	7 / U	P:	1	_/1	RK	6>/				IMMEL
6	_	(01	16-ECTI	VI	- /	4EA	DT	7	=011	1101			5.10-
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	DUENCE OF					FAIL	ULE			13913
N I	cause. Enter UNDERLYING	CHP	ONIC	OB	STE	UC	nV	E	LUI	1/	DIS	CAC	lours
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	QUENCE OF	F):		(V		001	v 0	(//3	C//J	1/1/3
F	resulting in death) LAST	d.											ļ
AL CE	DART II Other significant as divis												
MEDICAL	PART II. Other significant condition	s contributing to	desth but not r	esuiting i	in the u	nderlying	g cause	given in	Part i. 24	PERFOR		1	WERE AUTOPSY FINDINGS
	· · · · · · · · · · · · · · · · · · ·								11	YES 2	№ №		COMPLETION OF CAUSE OF DEATH?
M									_			1	YES 2 NO
PHYSICIAN:													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Chi	eck only one)				
ZS S	1 TYES 2 X NO		ER/Outpatient 3	□ DOA			6 5 XR	esidence	6 🗆 Other (Sp	pecify)			
P G	27. MANNER OF DEATH 1 X Natural 5 Pending	26a. DATE DI (Month, E		26b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DESCRI	BE HOW IN	JURY OCC	URED	
	2 Accident Investigation				M		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE (building,	OF INJURY — Al ho etc. (Specify)	me, farm, s	street, fac	tory, offic	•		26f. LOCATIO City or To	N (Street a	nd Number	or Rural Ro	ute Number,
ETED	4 Homicide determined												
	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	ed at the	time, date	end place	, and due	to the cause(s) and man	ner as state	d,	
COMPL	onel												and manner sa stated,
E U	296 SIGNATURE AND TITLE OF CERTIFIER	· Ch		_			29c. LJC	ENSE NUN	ABER .		29d. DATE	SIGNED (Month, Day, Year)
2 0	tatricis.	Their	·)	no	5		4	281	>		D 8	14/0	73
= 2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CALL	SE OF DEATH ATE	V 07 (7	0-1-4		20				0 /	1	1

Greve, M.D., Chesapeake Family Practice Group, Cecilton, MD. 21913

DHMH-16 Rev 1/89

Dr. Patricia A.

31. DATE FILED (Month, Day, Year)

AUG 0 5 '93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

		Page 23 should
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pare State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 2	this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

Item 23 shows any Injury, or other traumatic event, the medical examiner

6

is marked,

28

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HOSPITAL OR ATTENDING PHYSICI

FUNERAL DIRECTOR: After twithin 72 hours after death

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

DIVISION OF

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WONTH 1:24 P M Ble Gwaltney iola 80 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) 7 DATE OF BURTH IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 6-14-639 (Month, Day, Year) 1 - M 2 XF DAYS HOURS YRS. VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HARFORD MEMORIAL HOSPITAL RESIDENCE OF DECEDENT HAVRE DE GRACE HARFORD 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 12 EVES 2 NO MARYLAND CECIL RISING SUN FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 404 DODSON DRIVE 21911 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. MARITAL STATUS

XX Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Pt 1 YES 2 NO Specify: 2 K) NO IF YES, GIVE WAR OR DATES BY Specify WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOUSEKEEPER NURSING BOME must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES J. GWALTNEY BERTIE D. REEDY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MARY DALLAS JOHNSON ORCHARD DRIVE, PORT DEPOSIT, MD 21904 20a METHOD OF DISPOSITION
XX Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE NOTTINGHAM CEM. 4 Donation 5 Other (Specify) -93 8-11 COLORA, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE R.T. FOARD FUNERAL HOME dehan QUEEN ST., RISING SUN, 111 S. 23. PART I. Enter the diseases, or complications shock, or heart failure. List only one Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ____ in CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT 1 YES 2 10 T YES 2 JAO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES THE NO 1 | Impetient 2 | Millourpetient 3 | DOA ne S 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INAURY (Movin, Day, 1884) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Platural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY 3 Suicide 28f. LOCATION (Street and Number or Rural Routs Number, City or Town, State) 6 Could not be COMPLETED 4 Hamicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: In the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CENTIFIER BE M 3 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non. Print) 2001 32. REGISTRAR'S SIGNATURE Felia Davidson-Randelle AUG 1 0'93

BALTIMORE, MARYLAND 21215-0020	me com Programme and by the hospital or attending physician.	UIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the mean whom the hound be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frown after each Page of more benefated by the attending physician and completely filled in by the conditional page been signed by the attending physician and completely filled in by the conditional page. In the conditional page of the

Cours Keller 31. DATE FILED (Month, Day, Year) AUG 05 1993

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

40

32 REGISTRAD'S SIGNATURE
Suna Davidson-Randalle

Inec

100)

	FOR	STATE OF I	MARYLAND /	DEPART	TMEN'	T NE H	IFAITH AND	MENTAL	HAGIEN		3	24237	
	1 - STATE REGISTRAR		CI	ERTIFI	CATI	E OF	DEATH	MENTAL	REG. NO.	_			
- 5	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	
1 3	Frederick Ge	bicke						0.7	- 3 ¹¹	w -10	993	10:50 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign	
1 8	579-18-3558	XX M 2 D F	69	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	/28/19	24	Country)		
	9a. FACILITY NAME (If not institution, give :				01 0170				/ 20/ 19				
DIRECTOR	Montgomery Gener		tal		96. CIT		ney	DEATH	9c. county of Death Montgomery				
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			T									
E .		tgomery				OR LOCAT	TION				1	10d. INSIDE CITY LIMITS?	
		- Cgomery			01n							1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4248 Charley	Forest S	treet				20832				ZEN OF W	HAT COUNTRY?	
Z	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12		ENDENT OF HISP	ANIC OBICIN	2 (Carally Man			— American Indian,	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W 1942-19	YES 2 N	10		If yes, spi	ecity Cuben, Maxie 2 2 NO Spec	can, Puarto F	ican, etc.)	or No	Black	White	
ED E					1							wiiite	
E	15. DECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S U	ork done	during mos		16b.	KIND OF BUS	SINESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use									
Σ	12	0	E.	Lectr:	icia	in-Ho	oward P.	_ Føle	y Comp	oany-	Loc	a1#26	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	NAME (First, A	fiddle, Maiden	Sumame)			
BE	Louis H. Gel	oicke					Edna	a M.	Scher	rer			
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a	nd Number or Rura	I Route Numb	er, City or Town	n, State, Zip	Code)		
F	June E. Geb	oicke		4248 (Char	lev	Forest	Stree	t 01ne	v. Ma	rvla	nd20832	
	20ex METHOD OF DISPOSITION		20b, PLACE			-		OATE	_	CATION —	_		
	1 Donation 5 Other (Specify)		cemetery, cree Fort	Linco	ner plece) o l n	Ceme	etery	1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS OF F		1 **		0.0	221	
	> /// <	Ih.					-Rinaldi					904	
\vdash	23. PART I. Enter the diseases, or	compliantians the	4 000000 4 4 4 - 4 -	ath Danie	11	800	NewHamp	shire	Ave.Si	llver	Spri		
	shock, or heart failure.	List only one cau	isa on sach iins	sin. Do no	ot sntsr	tha mod	ds of dying, au	ich sa csrd	lac or respin	ratory arm	est,	Approximats interval Between	
1 1	IMMEDIATE CAUSE (Final								7			0-11-11	
1 1	disesse or condition resulting in death)	a	1-0	ecke	N				/	071			
1 1		OUE TO	100 10 1 0011000			190	Car de	uf ,	Infaction how				
		002 10	(OH AS A CONSEC	DUENCE OF)):	190	Car de	elf .	inja	1640	in	1 hour	
Z	Commontation that are distant	b	Alles	NUENCE OF)	fec	0926	Laidee Vosc	ula	a de	cc 4 i	in	Syews	
TION	if any, leading to immediate	b. OUE TO	(OR AS A CONSEC	DUENCE OF)	feu	092	Vosc	ula	de:	ecti fear	in	Syews	
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Cay ku suille RD.

W 20632

Olnes

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIMIL OF I	C	ERTIF	ICATE C	F DEAT		MENIAL	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH
Lou	ise	Co	oksev		Guv			Augu	st 4.	1993	YEAR	1:55 P. M
4. SOCIAL SECURITY NUM 219-56-042		s. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7 DATE O	E BIOTH		8. BIRTH	PLACE (State or Foreign
219-56-042	.0	1 ′ M 2 ⊠ F	88	YRS.	MONTHS DAY	B HOURE	MIN.	Dec.	Day, Year)	1904	Mar	vland
Se. FACILITY NAME (If not is	nstitution, give stre	et end number)			9b. CITY, TOV	N OR LOCATION	ON OF D			_	TY OF D	7
Physician		rial Hos	spital		Lal	Plata				Cł	narle	es
10a. STATE	10b, COUNTY			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
Maryland	Chai	cles			La Pla	ita, Mo	d.					LIMITS?
Rt. 5 Box						101. ZIP CODE 20646				10g. CITI		THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes	DECENDENT Of Specify Cuba	n, Mexica	an, Puerto Ri	(Specify Ye can, etc.)	s or No—	14. RACE Black Spech Whi	— American Indian, , White, etc. y:
	EDENT'S EDUCA		16e. D	ECEDENT'S	USUAL OCCUP	ATION	107	16b. I	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (I		College (1-4 or 5	- 4	fin. Do NOT u	sewife	most or working	9		Hom	æ		
17. FATHER'S NAME (First, A Thomas (16. MOTI	Kat	ME (First, Mi	iddle, Meiden e Lac	Sumame)		
190. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Stre	et end Number	or Rural	Route Numbe	r. City or Tox	yn, State, Zio	Code)	
Steven F. (Guy			P. 0	. Box	363, I	Hugh	esvil	le, M	id. 20	637	
20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐ Cremetle 4 ☐ Donation 5 ☐ Other	on 3 🗆 Remov	ni from State			ofdisposition		eter	y 8-7		port,		wn, State
- Mark	G. Brol	nohai	M00053			t Fune				MD 2	20604	1
IMMEDIATE CAUSE (Fit disease or condition resulting in death)		DUE TO	OR AS A CONS	onia	F):							interval Between Onsel and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje that initiated events resulting in death) LAS	ing c.		(OR AS A CONSI									
PART II. Other significa	ant conditiona	contributing to	deeth but not	resulting	in the underl	ying ceuse (given in		24n. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL				26	. PLACE OF D	EATH (Ch	neck only one)			
EXAMINER?		HOSPITAL:	ER/Outpotlant	3 🗆 004	OTHER:							
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	JURY	INJURY AT WORK?		_	_	INJURY OCC	CURED	
2 Accident	Investigation Could not be determined	28e. PLACE O building,	F INJURY — At I	nome, farm,		YES 2	NO		TION (Street Town, State		or Rural R	oute Number,
29e. CERTIFIER	TIFYING PHYSICI	AN: To the best of	my knowledge, o	feath occurr	ed at the time.	date and place	and due	In the caus	e(s) and ma	nner se stet	ed.	
onel												end menner se stated.
286. SIGNATURE AND TITLE	1012	2				HILD AND STATES	2734			29d. DATE	SIGNED	(Month, Day, Year) GV3 PR3
Howard M. I						rf M	aru1	and	20604		L	
31. DATE FILED (Month, Day, AUG 0	g",q2	32. REGISTRA	Davidon	2047	, warut	LL, ITA	TT A T	anu	20004		+	
AUU U	, 00	June	- WILLIAM	- Jane	350							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

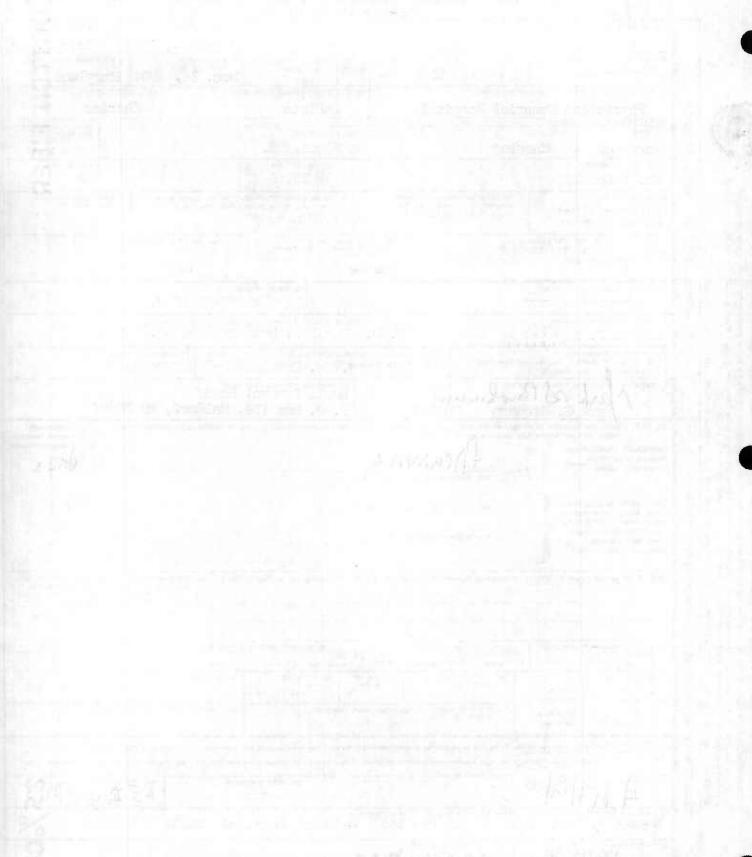
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit pe filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



BALTIMORE, MAR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied
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E	ith. Pag	neral di	miner
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 within	mplete, crem;	went,
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	SPITAL	NERAL Jin 72	¥ 5
	HE HO	HE FU	DRTA
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

30. NAME AND ADDRESS OF PERSON WHO CO

		FOR 1 - STATE REGISTRAR	STATE OF MARY			TMENT					ΙE	3	24239			
		1. DECEDENT'S NAME (First, Middle, Last)		OL.		IOAIL	<u> </u>	DLA	7 11	REG. NO			3. TIME OF DEATH			
	18	Leah Fleda Z	d gler Gai	ser							8	95	0 "			
		4. SOCIAL SECURITY NUMBER		(In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign			
		193-32-8234	1 🗆 M 2 📉 F		YRS.		DAYS	HOURS	MIN.	(Month, Day, Year)	_	Countr				
	- 1	9a. FACILITY NAME (If not institution, give s	X	80		9b. CITY, 1	70444	D 1 0047	ON OF DE	5-19-1						
3 []	œ		,							AIH		NTY OF D				
	СТОВ	27.4 N. Gorsuc	II KQ			Wes	tmj	Lnst	er		Ca	arroll				
	DIREC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?			
			rroll			West	mir	nete	r.				1 YES 2 NO			
	FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CIT	ZEN OF W	HAT COUNTRY?			
	4	274 N. Gorsi	ich Road					2	1151	7		USA				
- 1	5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARM	IED	13, W	S DEC	ENDENT (DF HISPAN	IIC ORIGIN? (Specify Ye			— American Indian, , White, etc.			
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	,				Specify	n, Puerto Rican, etc.)		Speci				
- 1		3 Widowed 4 Divorced	<u> </u>										White			
	回	15. DECEDENT'S EDU (Specify only highest grade		16a, DEC	EDENT'S	USUAL OCC	UPATIO	M st of worki	na	16b. KIND OF BU	SINESS/INC	USTRY				
- 1	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)			vork done du le ratired.)										
eś	COMPL		4		Hom	emake	er			Hor	ne					
OUCE.	S I	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)					
H	ш	William Ze	eigler				ì	L	ydia	a M.						
notitied at	8	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street a	nd Numbe	r or Rural F	Route Number, City or Tow	n, State, Zip	Code)				
	2	James A. Gais	ser							Rd Westm:			1157			
9		20a. METHOD OF DISPOSITION		b. PLACE AI							CATION -					
SOF		1 Burial 2 S Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State CO	metery, crem	atory or o	ther place)	nat	ion	a R	. 1			. MD			
10	- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Jair	OTT	22. N/	ME AN	D ADDRE	SS OF FA		ziii ps	read	, I'LL			
other traumatic event, the medical examiner must be			1	185		1				Prit	ts F	uner	al Home			
- S		Robert K.					4	12	Wash	nington I	Rd W	estm	nin. Md			
dica		23. PART i. Enter the diseases, or o	complications that cause List only one cause on a	d the dea	th. Do r	ot enter ti	he mo	de of dy	ing, sucl	h as cardiac or resp	iratory an	est,	Approximate			
Ē		IMMEDIATE CAUSE (Final	List only Die Cause on a	each line.									interval Between Onset and Death			
th	- 1	disease or condition	15.	Le a	ast Cancer								3			
/ent		resulting in death)	DUE TO (OR AS	A CONSEDU	JENCE OF		-46						syrans			
5 3	-	_											İ			
Hat	CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
Iran	¥	if any, leading to immediate cause. Enter UNDERLYING				,										
her	윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEDI	JENÇE OI	D:										
or ot	E	resulting in death) LAST				,										
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Injury,	7	PART II. Other significent condition	a contributing to deeth	but not re	suiting i	n the und	erlying	cause	given in			24b.	WERE AUTOPSY FINDINGS			
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shows any										1 🗋 YES 2	. NO		OF DEATH?			
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23	AN	25. WAS CASE REFERRED TO MEDICAL														
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ŏ	1×S	1 TYES 2 ND	1 Inpetient 2 ER/Out	patient 3		-		_	esidence	6 Other (Specify)						
ed,	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	- 1	26b. TIM INJ	URY	Bc. INJU WO	JRY AT RK?		28d. DESCRIBE HOW	NJURY OC	CURED				
marked,	B	2 Accident Investigation						ES 2	NO							
.00	0	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At hom	e, farm, s	treet, fector	y, office	•		28f. LOCATION (Street City or Town, State)	and Number	or Rural R	loute Number,			
n 28	EFE	4 Homicide detarmined														
Eel	PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	vledge, deat	th occum	d at the 1lm	e, dete	and place	, and due	to the cause(a) and ma	nner as stat	ed.				
=	COM	opel	R: On the beals of examination										and manner as stated.			
TAN		29b. SIGNATURE AND TITLE DE CERTIFIER					-									
IMPORTANT:	BE	25d. DATE STATED (MOITIT), Day, reall)														
X	2	30. NAME AND ADDRESS OF PERSON WH		EATU ATT	97) (T	0.4-4		لطي	750	- (8	10	13			
		WAS TABLE AND ADVICED OF PERSON WH	O SOUTH PARTIES CAUSE DE DE	CAIM (ITEM	273 (Bana	P75051						*				

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALL COLON DEWL WEST MUSTER

32. REGISTRAR'S SIGNATURE

JULIA DEVILOR MOTORALE

di	pa	
age o	director,	
dens.	funeral	
	by the	removal
201	filled in	JO , UK
CHICKEN THE TAY TOUGHT OF THE DESCRIPTION OF THE PROPERTY OF T	er this certificate has been signed by the attending physician and completely filled in by the funeral director, par	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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Care oc	ohysician	e prior i
in count	tending	Il Hygien
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FOR STATE REGISTRAR	ST	ATE OF MARYLAND / DEPARTMENT OF HEAI CERTIFICATE OF DE	
CEDENT'S NAME (FA	rst, Middle, Last)		2. DATE OF DEATH
ATTOR	TYPE	CPM7	MONTH 5 DAY

1. DECEDENT'S NAME (First, Middle, Lest) ALICE IVES	GET	17				2. DAT	E OF DEATH	^{AY} 19	9 ⁵ 3°	3. TIME OF DEATH 6:00AM
	S. SEX	6. AGE (In yrs. le	ant hirthclass	IF UNDER 1 YEAR	IF UNDER 24 HRS.	_	E OF BIRTH		_	PLACE (State or Foreign
	1 - M 2 XXX		YRS.	MONTHS DAYS		(Mor	nth. Day. Year)	12	Country	y)
90. FACILITY NAME (If not institution, give stress		81		as OUTY TOWN	OR LOCATION OF		-1/-19		TTY OF D	ryland
26470 Arcadia S	·	Circle	9	Eas		JEAIN			alb	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 00	TY, TOWN OR LOC	ATION					10d. INSIDE CITY
	ot			Easton	ATION					LIMITS?
Maryland Talb	OC.		1 '		101, ZIP CODE			T 40 - 017	2511 05 11	1 YES 2 NO
26470 Arcadia	Shores	circl	ما		21601			log. Crit	USA	
		T EVER IN U.S. A	_	10 140 0	ECENDENT OF HISP	ANIC ODIC	IND Consider Var	a or No.		— American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	MAR OR DATES		If yes,	specify Cuben, Mexi ES 2 NO Spec	cen, Puerto		or No-		t, White, etc.
15. DECEDENT'S EDUCAT		16a, D	ECEDENT'S	S USUAL OCCUPA	TION	15	Bb. KIND OF BU	SINESS/INC	USTRY	
(Specify only highest grade co	College (1-4 or 5	+)	(Give kind of te. Do NOT u	work done during use retired.)	most of working					
12	4		omem	aker						
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First	, Middle, Maiden	Sumame)		
William Ives					Marth	a El	lizabe	eth 1	ayl	or
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILIN	G ADDRESS (Street	and Number or Run	l Route Nu	mber, City or Tow	vn, State, Zic	Code)	1000
Carol Getz Tuck	er	1	Box ·	44, Ch	ester H	eigh	nts, P	A 19	017	
20e. METHOD OF DISPOSITION		20b. PLAC	E ANO OAT	TE OF OISPOSITION	ON (Name			OCATION —		
1 Donetion 8 Other (Specify)	at from State	_ Sal	isbu	ry or other place)	matory	8-6	Sal	lisbu	ıry,	MD
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	n°			AND ADDRESS OF	FACILITY			2 "	
* R Kest	t 12	hani	CES	D New	nam Fiin	oral	Home	ъ. р.	A.	
10. 34	, ,	Mahma			nam run					
23. PART I. Enter the diseases, or conscious ahock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	mpilcations the	at caused tha d	daath. Do	not enter tha	nam Fun S. Har node of dying, st	ich aa ce	erdiac or resp	elratory an	est,	Approximate interval Between
shock, or heart failure. List IMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	at caused tha d	death. Do	orbic C	noda of dying, st	ich aa ce	erdiac or resp	elratory an	esto rest,	Approximate interval Between
ehock, or heart feilure. List iMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	of consecution of the consecutio	death. Do	orbic C	noda of dying, st	ich aa ce	erdiac or resp	elratory an	estorest,	Approximate interval Betwee Onset and Des
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15-0020	tending physic	as the burial	
BALTIMORE, MARYLAND 21215-0020	hospital or at	tached for use	ice.
MARYLA	etained by the	should be de	otified at or
MORE, I	ge 6 may be	irector, page 5	r must be n
BALTII	after death. Pa	y the funeral d noval.	cai examine
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit mental effect within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
X 68760	executed with	in and comple to burial, cre	umatic even
P.O. BO	h certificate b	ending physicial Hygiene prior	or other tra
ORDS,	s that the deat	ned by the attuith and Mental	any injury.
AL REC	he law require	has been sig e Dept. of Hea	m 23 shows
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: T	this certificate with the State	rked, or ite
IVISION	R ATTENDING	RECTOR: After urs after death	m 28 is ma
	HOSPITAL OF	FUNERAL DII	TTANT: It ite
	TO THE	TO THE be filed	IMPOF

1. OECEDENT'S NAME (First, Middle, Last	e).				2. DATE O	E DEATH		3. TIME OF DEATH
		OOW, SR.			MONTH 8	4 DAY	19Š	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. OATE O	F BIRTH Day, Year)	8.1	BIRTHPLACE (State or Foreig
219-05-8872	1XX 2 □ F	78 _{YRS.}	MONTHS DAYS	HOURS MIN.				Maryland
9a. FACILITY NAME (If not Institution, give				OR LOCATION OF	OEATH		9c. COUNTY	
626 Dover Ro	ad		East	con			Ta	lbot
100. STATE 10b. COUN Maryland Ta		y, town on Loca Easton	ITION				10d. INSIDE CITY LIMITS7 1 X YES 2 NO	
10e. STREET AND NUMBER	1bot			of, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
626 Dover Roa		21601			U	SA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yes, s	CENDENT OF HIS pecify Cuban, Mex S 2 X NO Spe	ican, Puerto Ri	(Specify Yea o	or No 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
15. DECEDENT'S EC (Specify only highest gra-		16a, DECEDENT'S	USUAL OCCUPAT	ION	16b. I	(IND OF BUSI	NESS/INDUST	RY
Elementary/Secondary (0-12)	Collega (1-4 or 5+)	Plumb	,	lost of working		Dyot	t Plu	umbing
17. FATHER'S NAME (First, Middle, Last) Edward Gadow	7			16. MOTHER'S Len	NAME (First, Mi			
190. INFORMANT'S NAME (Type/Print) Mary Louise G	Sadow Sadow		Dover					
		Ob. PLACE AND DAT			DATE			or Town, State
26y. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	emoval from Stata	Spring				Eas	ston,	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	CF57	News	AND ADDRESS OF	FACILITY			
22 DADT I Enter the discourse of	r complications that cause		200	S. Har	risor	st.	, Eas	ton, MD
23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ORGW	ed the death. Do each line.	not enter the m	S. Han	risor uch aa cardi	St.	, Eas	ton, MD
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a. OR HOW OUE TO (OR AS DUE TO (OR AS C.	ed the death. Do each line.	not enter the m	S. Han	risor uch aa cardi	St.	, Eas	, Approximate interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OR CON AS OUE TO (OR AS C. DUE TO (OR AS d	ed the death. Do each line. A CONSEQUENCE CO. A CONSEQUENCE CO. A CONSEQUENCE CO.	not enter the m	S. Hai	risor uch ae cardi RAS (St.	Eas	, Approximate interval Betw
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32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit; mit be the best of the best of the best of the signed by the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	t, Middle, Last)							DATE OF DEATH			TIME OF DEATH
FREDONIA		F.	GI	EPHAR'	\mathbf{r}			8 10 1993 8:15			
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday) #	UNDER 1 YEAR	IF UNDER		DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
170-50-25		1 🗆 M 2 💢 F	93	YRS.	HTHS DAYS			(Month, Day, Yea 4-15-	1900		nnsylvani
9a. FACILITY NAME (If not it						OR LOCATIO	ON OF DEATH			TY OF DEAT	
501 Dutc		s Lane,	Apt. 2	207	East	on			Ta	albot	
10a. STATE	10b. COUNT	Υ		10c. CITY, T	OWN OR LOC	ATION					od. INSIDE CITY LIMITS?
Maryland Talbot Easton									Xves 2 NO		
501 Dutc		s Lane	Apt. 20	7		101. ZIP CODE 2	1601		2.6	JSA	AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS D	ECENDENT OF	F HISPANIC C	RIGIN? (Specify	Yee or No-	14. RACE -	- American Indien, Vhite, atc.
1 Never Merried 2 3 Widowed 4 Div		OF YES, GIVE W	YES 2 X N	10	1 🗀 Y	ES 2 XNO	Specify:	uerto Ricen, etc.	·	Specify:	White
	CEDENT'S EDU		16a. DE	CEDENT'S US ive kind of work Do NOT use n	UAL OCCUPA done during	TION most of working	g	16b. KIND OF	BUSINESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	House							
17. FATHER'S NAME (First, A	Viddle, Last)					16. MOTH	IER'S NAME	First, Middle, Me	Iden Sumame)		
James Er		Fulton				E	milie	Fett	erman		
John Knu		sen M						Number, City or		Code)	
20e. METHOD OF DISPOSIT		isell, M.			_		45 00		LOCATION -	Dies on To	Photo
1 XBurial 2 Cremati 4 Donation 5 Othe	on 3 🗆 Rem	oval from State		crematory or			8		Oxfor		
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE		^	22. NAME	AND ADORES	S OF FACILI	тү			
>M.E.	New	Mark Ili	CF.	s.P.	Newr 200	am F	unera	al Hom	e, P.	A. ston	. MD 2160
IMMEDIATE CAUSE (FI	neert failure.	complications the			enter the r	node of dyl	ng, such a	s cardiac or n	espiretory arr	est,	Approximate Interval Between Onset and Daath
resulting in desth)		DUE TO	(OR AS A CONSE	OUENCE OF):							
Sequentially list condi		b	(OR AS A CONSE	OUENCE OF):							
cause. Enter UNDERLY	/ING	C									
that initiated events resulting in death) LAS	ST	DUE TO	(OR AS A CONSE	OVENCE OF):							
		d									
PART II. Other signific	esnt conditio	ns contributing to	death but not	resuiting in	tha underly	ing cause g	given in Pa		S AN AUTOPSY REORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
-								_ 1 🗆 YE	S 2 70		OMPLETION OF CAUSE OF OEATH?
										1	TYES 2 NO
25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF O	EATN (Check	only one)			
EXAMINER?		HOSPITAL:	ER/Outpatient 3		THER:	ome & Re	sidence 8	Other (Specify)	F. 1		
27. MANNER OF OEATN	Pending	28e. DATE Of (Month, I	MJURY	28b. TIME (OF 28c.	NJURY AT WORK?	26	d. OEȘCRIBE N		CUREO	
2 Accident	Investigation	28e. PLACE (OF INJURY — At he	ome, farm, stre		YES 2		r. LOCATION (S	reet and Number	or Rural Ro	ute Number.
4 Homicide	Could not be determined		, atc. (Specify)	,,	,,,			City or Town,		01 710101110	
Check only /		SICIAN: To the best of (and manner as stated.
29b. SIGNATURE AND TITI	Dr-	Card	In				0 / Z	R -25			Morth, Day, Year) 0-93
30. NAME AND ADDRESS Stephen						d Ave	enue,	East	on, MI	210	501
31. DATE FILED (Month, De)	y, Year)	32. REGISTR	AR'S SIGNATURE							7	
AUG 1 0 19	193	Galin Said	And Danda	00							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Margaret 4. SOCIAL SECURITY NUMBER			Gib	hs	.I111 37 2	4 YEA	F 07 455
1				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	I Bi	BTHPLACE /State or Foreign
		1 □ M 2 □XF 7	3 YRS.	WITHS UAVE	HOURS MIN,	6-3-21	~	Maryland
œ	Sa. FACILITY NAME (If not institution, give street		9		R LOCATION OF DE	ATH	9c. COUNTY C	
DIRECTOR	Easton Memorial Ho	ospital		Easton			Talbo	t
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
		Annes	Cer	trevil	le			LIMITS? 1 TYPES 2 NO
FUNERAL	10e. STREET AND NUMBER	2			ZIP CODE			OF WHAT COUNTRY?
NE	314 Little Kidwell				21617		US	SA
	11. MARITAL STATUS 1 1 Never Married 2 7 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED NO			IC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, llack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify.		s	Poechy: Black
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co	TION 16s	DECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF BUS	SINESS/INDUSTR	γ
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	tired.)	st or working			
MP	llth		Domesti	.c		Homemak		
	17. FATHER'S NAME (First, Middle, Last) Damiels Seney					ME (First, Middle, Maiden	Sumame)	
H	19a. INFORMANT'S NAME (Type/Print)		10h MANING AD	DRECK (Ot	Maggie	DIAKE		
5	Jeanette E. Hynson	1				ad, Centre		
	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF E	SPOSITION (Na	me al	OATE 20c. LO		
	X□ Buriel 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	Be	nefic			Burr	isville	, Md.
	21. SIGNATURE OF FUNEBAC BERVICE LICEN	set						FUNR. SERV.
	1/4			426 D	over St.	, Easton,	Md.	
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lie	nplications that caused the	daath. Do not	anter tha mod	da of dying, such	as cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Finel							Interval Batween Onset and Death
	disease or condition resulting in death)	Congest	we ca	ndia	c Rac	lure		
		Congesto DUE TO (OR AS A CON Ischem	ISEQUENCE OF):	1		10		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS A CON	ISEOUENCE OF):	raic	myor	parky		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury		·					<u> </u>
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CON	SEQUENCE OF):					
H	d.							
AL C	PART ii. Other significent conditions of		ot resulting in t	he underlying	ceuse given in I	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
5	_ advances	1 ischem	c les	ula	ers	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	arterior	ephrose	leno	نفده				OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC								
2		IOSPITAL:	0	26. PL	ACE OF DEATH (Che	ck only one)		
ΥS	1 YES 2 NO 1	Inpatient 2 ER/Outpatien	3 DOA 4	Nursing Home	5 Residence 8			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WOR		28d. DEŞCRIBE HOW II	JURY OCCURED	'
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY - A	t home, ferm, stree			26f. LOCATION (Street a	nd Number or Rui	ral Route Number
Ī	4 Homicide determined	building, atc. (Specify)				City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	, death occurred a	t the time, date	end place, and due t	o the cause(s) and man	ner sa stated.	
MO		On the basis of examination and						e(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		~	T	29c. LICENSE NUM		29d. DATE SIGN	IED (Month, Day, Year)
TO B	Robert W.	Trever, A			D100	138	>23	July 1993
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH	ITEM 27) (Type, Pri	1	. A/	1100	0.1	3
	31. DATE PLED MAN, DIQUAR	A2 RESISTRADIO CICULATION		masi	on, M	12.216	01	
	JOE 27 1993 9	32. REGISTRAR'S SIGNATUR	delle					

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DIVISION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit abe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTII	-ICAI E	: OF	DEATH	REG.	VO.	70	24244
	1. DECEDENT'S NAME (First, Middle, Last) Cloia Marie		Garcia				August		93 ^{EAR}	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-92-6966	5. SEX 6.	AGE (In yrs. lest birthdey 75 vrs.	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your 9~18-19		8. BIRT	HPLACE (State or Foreign ry)
NO.	9a. FACILITY NAME (If not institution, give str Calvert Memoria		96. CITY, TOWN OR LOCATION OF DEATH Prince Frederick Calvert							
ᇤ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c C	TY, TOWN O	R LOCAT	ION				10d. INSIDE CITY
8	MD Calv		ngs					LIMITS?		
A I	10e. STREET AND NUMBER			ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?		
ER/	1305 Sheridan Dr	ive			2	20736			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1	f yea, spe		NIC ORIGIN? (Specify in, Puarto Ricari, atc., y:		14. RAC Blac Spik	E — American Indian, k, White, atc.		
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT				16b. KIND OF	BUSINESS/II	OUSTRY	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	house		during mo	st of working				
O	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)		
BE C	Frank Bonds				1-1-	Fannie	Pettry	Bonds	3	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street s	nd Number or Rural i	Route Number, City or	Town, State, 2	(ip Code)	
임	Cecelia M. Mitc	hell	340	1 Rob	ey T	errace A	pt. 104	Silver	Spr	ing,MD 20904
	20e. METHOD OF DISPOSITION 1 Second Burlel 2 Cremation 3 Remo	oval from Stata	20b. PLACE AND DAT. cametary, crematory or Cedar Hil	other place)		me of 8 - 9 - 9 1		itlan		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Phise Phia	1	22.	NAME AN	Funeral	CILITY			MD 20736
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Actual Hepatric Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL CER	PART II. Other significant conditions	contributing to de	ath but not resulting	in the un	derlying	ceuse given in	PER	AN AUTOPS'	7 241	a. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ξ							DE YES	2 🗌 NO		OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	1 TYES 2 NO	HOSPITAL:	NOutpetient 3 DOA	OTHER 4 Num		e 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		_	28c. INJ WO		28d. DESCRIBE HO	W INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF III building, etc.	tJURY — At home, farm (Specify)	, street, fact	ory, offici		281. LOCATION (Str. City or Town, St	et and Numb ate)	er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my								e) and manner as stated.
ш	290. SIGNATURE AND TITLE OF CERTIFIER	2/1/	,			29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	(Month, Day, Year)
0	//	144				D331	23	•	8-3	-93
٩	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27) (Ty)	oe, Print)		Pi	rince Fre	deric		aryland 2067
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SICNATURE						-,	1
	AUG - 6 1993	the random								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	CATE C	F DEATH	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Leat)		-	-		2. DATE OF DEATH		3. TII	ME OF DEATH	
	R	OBERT		(RA	abil	July 10	1.00	EAR 20	53 M	
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE ((In yrs. last birthday)	F UNDER 1 YEA	R IF UNDER 24 HRS.		10.	BIRTHRI ACE	Crate or Familia	
	002 110101	-8 69 1 M 2 F 65 YRS. MONTHS DAYS HOURS MIN. MAR. 16, 1928 Country								
B.	9a. FACILITY NAME (# not institution, give street an PENINSULA REGIONAL				N OR LOCATION OF DE LISBURY	ATH	9c. COUNTY	OF DEATH)	
DIRECTOR	RESIDENCE OF DECEDENT									
H	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				INSIDE CITY LIMITS?	
	MD. WICOMIC	:0	SALI	SBURY				1 X	YES 2 NO	
FUNERAL	100. STREET AND NUMBER 710 RAKE	R STREET			10f. ZIP CODE 21801		10g. CITIZEN	OF WHAT C	COUNTRY?	
<u> </u>		AS DECEDENT EVER IN	U.S. ARMED	13. WAS		IIC ORIGIN? (Specify Yea	or No. 14	DACE A	nerican Indian.	
BY F	1 Never Married 2 Married F	ORCES? 1 TYES YES, GIVE WAR OR DA	2 X NO	If yea	specify Cuban, Maxica ES 2 NO Specify	n, Puerto Ricen, atc.)		Black, White Specify:	BLACK	
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S US	UAL OCCUP	ATION	16b. KIND OF BUS	INESS/INDUS		DLACK	
E	(Specify only highest grade complete Elementary/Secondary (0-12) Colli-	ege (1-4 or 5 +)	(Give kind of wor	k done durino			***************************************			
COMPLETED	4th	90 (1-4 01 5 +)	LABORE	R		000W	MILL			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama			
	SHELDON GF	RAMRY			TO MOTHER STOR	BETTY SMIT				
8	19a. INFORMANT'S NAME (Type/Print)	17111101	105 MAII ING A	MARCO /O-	at and Mumber or Guest 6	Toute Number, City or Town	O			
2	BETTY GRAMBY				E AS ABOVE		i, Stare, Zip Coo	00)		
	20g. METHOD OF DISPOSITION	T an								
	1X Burial 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	om Stata	PLACEANDDATEOF	VE° CH	URCH CEM.7	7-15-93 WES	STOVER	, MD.	ete	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.	***	27-11AM	AW APPEARING FT	CHAPEL,	RTE.	2. BO	X 920	
	· Loura D.	folley		SALI	SBURY, MD.	21801				
	23. PART I. Enter the diseases, or compil shock, or heart fellure. List of IMMEDIATE CAUSE (Final	cations that caused ily one cause on es	I the death. Do not sch lina.	antar tha	mode of dying, suci	n as cardiac or respi	atory arrest	1	Approximate interval Between Onset and Death	
-	disease or condition resulting in death)	RUSINA DUE TO (OR AS A	CONSEQUENCE OF:	ine	00					
NO	Sequentially list conditions, DIFTO OR AS A CONSCILENCE OF									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Carcina	ma. O	10/	Lung			i		
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):		away					
	resulting in death) LAST									
- 11	DATE II ON THE STATE OF THE STA						TO			
DICAL	PART II. Other significant conditions conf			the underly	ing cause given in	Part I. 24e. WAS AN . PERFOR			AUTOPSY FINDINGS ABLE PRIOR TO	
ă	milastatue	Corces	Lo such	1/2	lung	1 _ YES 2	NO	OF DE	LETION OF CAUSE	
M			15					1 🗆 '	YES 2 NO	
ÿ					,					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:			PLACE OF OEATH (Che	ck only one)				
Š	A T HER STEVEN	npetient 2 ER/Outp		THER:	ome 5 🗆 Residence	8 Other (Specify)				
Y PHYSICIAN: ME	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C	Y	NJURY AT WORK?	28d. OESCRIBE HOW IN	JURY OCCUR	EO		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	te. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre			28f. LOCATION (Street a City or Town, State)	nd Number or f	Rural Route N	umber,	
ii,	AN OFFICIENT									
린	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: T									
COMPLET	2 MEDICAL EXAMINER: On t	ne basis of examination	and/or investigation,	n my opinio	, death occured at the	time, data and place, and	I dua to the ca	nuse(s) and n	nanner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SR	GNED (Month	, Day, Year)	
	Chaland	Olar o	5		D19	289	1 2/	11/5	ح	
유	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF DE	TH (ITEM 27) (Type, Pr	int)				1. /-		
	Clayton Kaab, M			de D	r. B101,	Salisbur	4, MI) 021	801	
	31. DATE FILEO (Month, Day, 16ar) JUL 1 5 1993	una Davidson					-			
	a d									

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	46
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with (24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit page.	burial-transit pe
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	I. DECEDENT S NAME (FIRST, MICO.	,,								MONTH	D		YEAR	TIME OF DEATH
	Laurence Rand									July		1993		8:40 A. M
	4. SOCIAL SECURITY NUMBER			8. AGE (In yrs	. last birthday)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF (Month, De			8. BIRTHPL. Country)	ACE (State or Foreign
	215-26-4340	1,	M 2 F	79	YRS.					Feb.	9, 19	914	Mary1	and
220	9a. FACILITY NAME (If not institution	on, give street	and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF D	EATH		9c. COUN	TY OF DEAT	ТН
DIRECTOR	8998 Stockley Road						svi	lle				Wico	mico	
5	RESIDENCE OF DECEDE	COUNTY			100 CIT	Y, TOWN	OBLOCAT	ION						d. INSIDE CITY
E					- 1			ION						LIMITS?
	Maryland W	icomi	co	:	Pit	tsvi	-						1	☐ YES 2 🙀 NO
MA I	10e. STREET AND NUMBER						101	. ZIP CODI	E					AT COUNTRY?
FUNERAL	8998 Stockley							1850					S. A.	
5	11. MARITAL STATUS 1 Never Married 2 Marri		FORCES? 1	EVER IN U.S	ARMED NO					NIC ORIGIN? (S		or No-	14. RACE — Black, Y	American Indian, Vhita, etc.
BY	3 Widowed 4 Divorced	.	IF YES, GIVE W	AR OR DATES			1 YES	2 💢 NO	Specif	ly:			Specify:	white
	15. DECEDEN	TIR EDIKATI	ON		. DECEDENT'S	1101111 0	COLIDATIO	DAI		405 800	10.05.01	SINESS/IND		WILLE
COMPLETED	(Specify only high	est grade con	npleted)		(Give kind of	work done	during mo	est of world	ng	100, 101	ND OF BU	3114233/1140	OSINI	
7	Elementary/Secondary (0-12)	9	college (1-4 or 5 +			,				Cma	2 ~ 1	Dwor	1 am C	
M	17. FATHER'S NAME (First, Middle,	Lond			armer	_	_	40 MOT	HED'O NA	ME (First, Midd			ler G	rower
BE	King Gravenor				405 14411 1914	ADDRES	0 (04-14)		_	Tyre G: Route Number,	-		0-4-1	
2														
	Elizabeth Ann	a Gra	venor	T and 100	ACE OF DISPO					Pittsv			City or Town	
	1 ☐ Burial 2 ☐ Cremation 3		from State	oth	er place)		ame or ce	metery, cren	nurory or					, State
	4 Donation 5 Other (Spec		SEE . A	Line	Cemet		NAME A	ND ADDRE	99 OF E	ACII ITY	DeTi	nar,	MD	
	1/		///	1						Home				
	Avillan	M	SKOVI	6		P.	0.	Box	204	Delma	ar, 1	DE 19	940	
	23. PART I. Enter the diseas					not anta	r tha mo	de of dy	ing, aud	ch aa cardlad	or reap	iratory arr	est,	Approximate
	ahock, or heart	Tallure. Lia	t Dniy Dna cau	se on aach	iina.									Interval Between Onset and Death
	disease or condition resulting in death)	523	.5m.1	1 6	11 0	d'A	Che-	en H	ate	d G	-	inna	~ 5	18 months
	reauting in death)	a	5~/	OR AS A CO	NSEQUENCE C	F):		0	L	-				J O PACORTAL S
z		b								~~5				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO	OR AS A CO	NSEQUENCE C	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	< a_												
THE	that initiated events resulting in death) LAST		DUE TO	OR AS A CO	NSEOUENCE C	F):								
ER	resulting in death) LAST	d												
	PART II. Other algolificant co	onditions o	ontributing to	death but r	not resulting	in the u	nderlyin	g cause	given ir	Part I. 24	a. WAS AP	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL								_				RMED?		WAILABLE PRIOR TO OMPLETION OF CAUSE
EDI										— '	☐ YES	2 🗌 NO		F DEATH?
Σ													1 1	YES 2 NO
AN	25. WAS CASE REFERRED TO ME	DICAL I					20.5		NE 4511 40					
S	EXAMINER?	Н	OSPITAL:			OTHE	R:	-	•	heck only one)				
PHYSICIAN	1 TYES 2 NO	1	Inpatient 2 28a, DATE OF		nt 3 🗆 DOA			JURY AT	asidence	8 Other (S		IN HIPW OO	OURER	
	1 Natural 5 Pend	ling	(Month, D			JURY	W	DRK?	7 110	28d. DEŞCR	IBE NOW	INJUNT OC	COHED	
BY	2 Accident Inves	tigation	28e. PLACE O	E IN HIEV	M barra darm			YES 2 [NO	004 1 00471	ON /Done	and Number	0 0 ml 0	A. M. a.b.
ED	3 Suicide 8 Could 4 Homicide datar	d not be mined		atc. (Specify)	at nome, ram,	street, let	ctory, one	7			Town, State		or Rural Rou	ne Number,
Ē	an- officien									<u> </u>				
APL	CORDUN OFFIN		N: To the best of											
COMPLETED	2 MEDICAL	EXAMINER:	On the beals of e	camination an	d/or investigati	on, in my	opinion,	death occu	red at th	e time, data an	d place, a	nd due to th	e cause(a) a	and manner as stated.
BE (29b. SIGNATURE AND TITLE OF	CERTIFIER	7_						ENSE NU				1	Aonth, Day, Year)
	(2 c	1	air	, ~	10.			6	730	0690		7	120	193
5	30. NAME AND ADDRESS OF PER	SON WHO	OMPLETED CAUS	E OF DEATH	(ITEM 27) (Typ	e, Print)				1 51		,	,	
,	James E.	Mar	tin.	u.o.	, 14	5	E.	G	10/	1 51	-, 5	Se /: 5	50-7	MD
10	31. DATE FILED (Month, Day, Year)		32. REGISTRA	H'S SIGNATU	FIE.									/
111	JUL 2 0 199													

ч.	0	
0	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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INISION OF VILAE RECORDS, P.O. BOX 56/50,	ĭ	Afte
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-	QC.	OC.

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH YEAR ARTHUR J. GREEN 93 7:40AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 9, 400/911 North 1 M 2 - F arolina 245070103 96. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH Perry Point Veterans Hospital DIRECTOR ecil 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Virginia Accomack hincoteque 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 4231 Filmone Street 23336 S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married WAR OR DATES 1 TES 2 NO Specify В White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) W. Wright Construction Heavy Construction be notified at once. 17. FATHER'S NAME (First, Middle, Last)
ancel B. Green BE 19a INFORMANT'S NAME (Typo/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num 2 4231 Filmore Street, (hincoteague 20a, METHOD OF DISPOSITION

1 5 Buriel 2 Cremetton 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or must John Taylor Cemetery emperanceville, 22. NAME AND ADDRESS OF FACILITY Salver runeral Home (hincoteague, Virgi examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gonslance medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapfratory errest, Approximate shock, or heart fallure. List only one ceuse Dn each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition . PNEUMONIA any injury, or other traumatic event, resulting in death) DUE TO (DR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MILLABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Chronic Obstructive Pulmonary Disease 1 TES XX NO OF DEATH? Item 23 shows 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 XX 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investiga 1 YES 2 NO BY 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide 26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 60 COMPLETED 6 Could not be 4 Homicide Item 28 determined E HOSPITAL OR A E FUNERAL DIREC I within 72 hours 1 🔾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, ared at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 물보물 D34 18/93 23 2 DEATH (ITEM 27) (Type, Print) Rudolph MID VAMC PERRY POINT, MD. 21902 30 REGISTANT'S SIGNATURE 2 0 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s

	TOTAL PROPERTY.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buildan marming	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			. TIME OF DEATN
	ELLA A. H	TEATH				MONTH DA		EAR 3	0235 M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPL	ACE (State or Foreign
	219-36-5064		Ol YRS.	NTHS DAYS		Oct. 26, 1	.891 N		Jersey
Œ	SHADY GLOVE AOVE			OCLU	R LOCATION OF DE	ATN	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT						10(0)	1601	MERY
E I		gomery		hersbu					Od. INSIDE CITY
	10e. STREET AND NUMBER	Journ't A	Gaic		ZIP CODE		10a CITIZEN	_	T COUNTRY?
FUNERAL	19310 Clubhouse R	oad, #209			20879		Unite		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS OEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Yes		RACE -	- American Indian.
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES			2 K NO Specify	n, Puerto Rican, etc.)		Specific	White, etc.
	15. OECEDENT'S EDU	 CATION	Life DECEDENTIA HOL						White
COMPLETED	(Specify only highest grade	College (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life, Do NOT use re-	done during mo tired.)	st of working	16b. KIND OF BUS	INESS/INDUST	TRY	
릴	12	conage (I-C or 5 +)	Adjudica	tor		Civil S	ervice	Cor	mmission
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Maiden			
BE	Charles E. Ponti	er			Ella 2	A. Illich			
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		do)	
	Charles D. Heath					hersburg,		877	
	20a, METNOD OF DISPOSITION 1 Ø Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE OF D	ISPOSITION (Na	me of	OATE 20c. LO	CATION — City	or Town	, Stete , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIN	CIMPEE	date of he	22. NAME AN	D ADDRESS OF FAC	70/93 SIIV	er spr	ing,	y Funeral
	· Narité	· lesse.	M00803	Home/.	KOCKATTT	ille, Mary	00 Wes	t Mc	ontgomery
	23. PART I. Enter the diseases, or	complications the caused List only one cause on e	the death. Do not	enter tha mo	de of dying, auch	as cardiac or reapi	ratory arrest.		Approximata
						ACUTE			Interval Between Onset and Death
	disease or condition resulting in death)	CARD	IAC A	RRE	ST	MYOCARD IN FAR	(AL		21 MINUR
_		DUE TO (OH AS A	CONSEQUENCE OF):						
o l	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	and.	COLOID	TO ALL	noN		3 DAYS
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	COLON PE	F FORA TO	20N /	AT CIN	- D N CON C D	54		5 DAYS
E	that initiated events resulting in death) LAST								
CERTIFICATION	resulting in death) CAST	d. BLEED	126	0 101	V CA	RCINON	VA		Z YEARS
AL.	PART II. Other eignificant condition	s contributing to death b	out not resulting in ti	na underlying	cause given in I	Part I. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
음	RESPIRATORY	ANDEST ,	BIVER	TLU	LOSISW	1 1 □ YES 2	20 40	CC	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
뿔	SILMID STE		· CORDNA	ax A	METT				☐ YES 2 ☐ NO
Ž.	DIDEASE W	ith CONTE	STIVE 14	ENT	FAILUM	24			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Che				
Ϋ́	27. MANNER OF OEATN	1 Pinpetient 2 ER/Outp 28a. OATE OF INJURY	28b. TIME OF		5 Residence	28d. OESCRIBE HOW IN	NJURY OCCURI	FO	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office		28f, LOCATION (Street a City or Town, State)	nd Number or R	lural Flout	te Number,
	4 Nomicide determined					Only or nown, degree)			
COMPLETED		ICIAN: To the best of my knowl							
် ။	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation, in	my opinion, de	eth occured at the t	ime, date and place, and	due to the ca	use(a) ar	nd manner sa stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		.λ		29c. LICENSE NUM				onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	ATH (ITEM 27) Ama Call	0	D168		01	31	193
	ALAN N. SCHULN		-	-	STE ZO	EDAD RA	C 1C 31 h		MD.20850
	31. DATE FILED (MONT), DAY 6 1993		ATURE	- Mene	101014	בטיקט ולט	راحات الال	. E	rin. 40856
	AUG U 0 1993	June Davids	m-Mandall						1

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAF	3. TIME OF DEATH				
	Louise	S.	Hines			August 3		8:00 P.M				
	4. SOCIAL SECURITY NUMBER 030-20-6187	5. SEX	6. AGE (In yrs. last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) Oct.27, 1	909	HTHPLACE (State or Foreign unitry) Virginia				
OR	Suburban Hospital	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Suburban Hospital Bethesda Mont										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland M	ontgomery		Y, TOWN OR LOCA	rion Bethesda			10d. INSIDE CITY LIMITS?				
BY FUNERAL I	100. STREET AND NUMBER 5902 Kingswood Ro	ad		10	ZIP CODE	4		F WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. ARMED YES 2 XNO NR OR DATES	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	Bi	lack, White, etc.				
6	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUSTRY	10d. INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? United States No— 14. RACE — American Indian, Black, White, etc. Specify: White ESS/INDUSTRY Inting Triame) State, Zip Code) Chersburg, MD 20879 TION — City or Town, State				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) We. Do NOT u	work done during me se retired.) untant	ist of working	Acco	ounting	LIMITS? 1 VES 2 X NO EN OF WHAT COUNTRY? ed States 4. RACE — American Indian, Black, White, atc. Specify: White STRY g Code) burg, MD 20879 tty or Town, State , Maryland				
	17. FATHER'S NAME (First, Middle, Lest) Charles Spotswood	Jones				ME (First, Middle, Meiden Lee Bond	Surname)					
10 BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	I and Number or Rural	Route Number, City or Tow	n, State, Zip Code)					
-	Kevin J. Kettlema	n .	19317	Club Ho	use Road	l, #302 Gai	thersbu	irg, MD 20879				
	20a, METHOD OF DISPOSITION 1 © Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of came) or other place) Parkiawn Memorial Park 8/7/93 Rockville, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LI	Boues	Q M00672	HOME/	Bethesda nsin Ave	Chevy Chanue, Bethe	A. Pumpl se, Inc sda, Ma	hrey Funeral ryland 20814				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DIFFUSE DICEEDING DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
I CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO OF DEATH?											
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)						
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)						
Di Fu	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	NJURY OCCURED										
E	2 Accident 3 Suicide 6 Could not be determined 2 Be. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide City or Town, State) 28. LOCATION (Street and Number or Rural Route Number of Numbe											
COMPLEI			my knowledge, death occurr					se(a) and manner as stated.				
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	P. Z	ibre 1	70	29c. LICENSE NUI	470	≥ Au	NED (Month, Day, Year) 4 4, (88)				
	30. NAME AND ADDRESS OF PERSON WITH PLANT PROPERTY PARTY TO STATE	COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type	Print) 10 Y	roo co	PON, M.	0 7 A	285				
1	31. DATE FILED (Month, Day, Year) AUG 0 6 1993	Julia De	R'S SIGNATURE									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within swicious after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundal-finance be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E	DEATH	YEAR	3. TIME OF DEATH		
Stanley	_ J. Hai	cris, Sr.				August 5, 1993 12:20				
		GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF B	IRTH	8. BIRTHPLACE (State or Foreign			
27 1 00 0007	1-09-9557 1 X M 2 □ F 92 YRS. MONTHS DAYS									
96. FACILITY NAME (If not institution, give street and number) Carriage Hill Nursing Home 96. CITY, TOWN OR LOCATION OF DEATH Silver Spring Montgomery										
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		I the CIT	Y, TOWN OR LOCA	TION						
Maryland Montgo				LIMITS?						
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 5301 Westbard Circle, #226 20816 United States										
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	If yes, s	CENDENT OF HISI pecify Cuben, Mex S 2 X NO Spe	PANIC ORIGIN? (Spican, Puerto Rican lical):	ecify Yea or , etc.)	Pennsylvania c. county of Death Montgomery 10d. INSIDE CITY 1 YES 2 NO No. 14. RACE - American Indian, Black, White, etc. Specify: White SSS/INDUSTRY Of Congress No. City or Town, State Spring, MD 20910 Ony errest, Approximate Interval Betweer Onset and Death			
15. DECEDENT'S EDUCATI (Specify only highest grade con		16e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINI	OF BUSIN	ESS/INDUSTRY	1200		
Elementary/Secondary (0-12)	college (1-4 or 5+)	Prin	se retired.)	ost or working	Lib	non!	of Con	22000		
12 17. FATHER'S NAME (First, Middle, Last)		LITI	cer	T 40 MOTHERIN				gress		
George Harris				Elear	NAME (First, Middle	ts R				
19a, INFORMANT'S NAME (Type/Print)		105 MAIL INC	ADDRESS (Street							
Stanley J. Harris,	.lr		as 10	and Number or Mur	ar Houte Number, C	ny or lown, s	State, Zip Gode)			
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE		lame of	DATE	20c 1 OCA1	TION _ City or	Town State		
1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	cemetery, crematory or o	ther place)		1					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
De Ella	1 1.				Service					
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST a. ACAD SUMMARY (UNDERLY) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent conditione c	ontributing to deet	h but not resulting	in the underlylr	ng ceuse given	3000	WAS AN AU PERFORME YES 2 X	ED?	Ib. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. F	LACE OF DEATH	Check only one)					
1 TYES 2 NO 1	Inpatient 2 ER/C		4 Nursing Ho		e 6 🗆 Other (Spe	ecify)				
27. MANNER OF DEATH 1 💢 Netural 5 🗆 Pending 2 🗀 Accident investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIM	URY	JURY AT ORK? YES 2 NO	28d. DEŞCRIE	d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION City or Tox		Number or Rure	Route Number,						
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAL ONE) MEDICAL EXAMINER: C								(s) and menner as stated.		
the second secon				29c. LICENSE N	IUMBER	1 2	9d. DATE SIGNE			
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	OUPLETED CAUSE OF	DEATH (ITEM 27) (Toron	Print)	00	854			t 5, 1993		
30. NAME AND ADDRESS OF PRISON WITH CO		4701 Ran		00	854	41	► Augus	st 5, 1993		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

9 9 304

	REGISTRAR		CER	HIFICALE	OF DEALH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las Frank		Hutton			2. DATE OF I	DAY 0.5	YEAR 9.3	11:40 /	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birt	nday) IF UNDER	YEAR IF UNDER 24 HRS		IRTH	8. BIRTHPL	ACE (State or Foreig	
	214-12-0691	1 🔀 🔭 2 🗆 F		RS. MONTHS	DAYS HOURS MIN	. (Month, De 1 0 - 1	/, Year)	Country)	yland	
	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOCATION OF			TY OF DEAT		
œ	448 Williams				Elkton			Ceci	1	
2	RESIDENCE OF DECEDENT	Roau			22					
DIRECTOR	10a. STATE 10b. COUR	Cecil	10	c. CITY, TOWN O				10	d. INSIDE CITY	
ā	Md.	Cecii		Elkto	on			1	YES X X N	
A I	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
ER	448 William	ns Road			219	921		U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED		AS DECENDENT OF HIS			14. RACE -	American Indian	
	1 Never Married 2 Married	IF YES, GIVE WAR	YES ZY NO		yes, specify Cuben, Max YES 2 NO Sp.	ncan, Puarto Hicai eclly:	i, etc.)	Specify:		
ВУ	3 X Widowed 4 Divorced				XX				White	
	15. DECEDENT'S E (Specify only highest gra		(Give k	ENT'S USUAL OC	CUPATION uring most of working	16b. KIN	D OF BUSINESS/INDI	USTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do	NOT use retired.)			Da semin	~		
M M	12			Farmer			Farmin	9		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						e, Maiden Surname) nGoerre	S		
BE	Frank S. Hu	itton								
TOE	19a. INFORMANT'S NAME (Type/Print)		19b. M.	LING ADDRESS	(Street and Number or Ru rwin Ave	ral Route Number, (On Md	Code) 1 9	121	
۴	Lee A. Hutton	1		62 1	IWIN AVE	· / EIK	,on, na.	213	2	
	20a. METHOD OF DISPOSITION 1 DyBurial 2 Cremation 3 Re	amount from State		DATE OF DISPO		DATE	20c. LOCATION — (
	4 Donation 5 Other (Specify)	anioval from State	Immacu	late C	onceptio:	n ¢em.	Cherry	Hil	1, Md	
	21. SIGNATURE OF FUHERAL SERVICE	UCENSEE /		22.1	NAME AND ADDRESS OF	FACILITY	259 E.	Main	St.,	
- 3	MATHER	1900		GE	E FUNERA	L HOME	Elkton,	Md.	2192	
	23. PART i. Enter the disease, o	Total and the second	arrand the death	Do not enter	the made of duling a	wah aa aardiaa			Approxima	
NO	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
FA	if any, leading to immediate cause. Enter UNDERLYING	0) 01 300	H AS A CONSEQUE	TOE OF):					İ	
CERTIFICATION	CAUSE (Diseese or injury				1					
Ē	that initiated events resulting in death) LAST	230,000	R AS A CONSEQUE							
8	STORY STATE OF THE	d							1	
- 1	PART il. Other eignificent condit	ions contributing to de	eath but not reeu	iting in the un	derlying cause given	In Part i. 24	. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY F	
EDICAL							YES 2 -NO	0	OMPLETION OF (
	14								YES 2 I	
Z .										
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	OTHER	R: /		neciful			
PHYSICIAN:	1 VES 2 AND 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF I									
	1 Natural 5 Pending	(Month, Day)		MANAGE	WORK?					
BY	2 Accident Investigation	28e PLACE OF	INJURY At home,	form, street, fact		28f LOCATIO	ON (Street and Number	or Rural Rev	de Number	
8	3 Suicide 6 Could not 4 Homicide determined	be building et		iii, salaat, iiiCi		City or 7	own, State)	S. FRANK FIOU	rearranding	
COMPLETED	20a. CERTIFIER									
P	(Check only	YSICIAN: To the best of m								
ő	2 MEDICAL EXAM	INER: On the bests of axes	mination and/or inve	stigation, in my o	pinion, death occured at	the time, data and	I place, and due to th	e cause(a) a	ind manner as i	
	29b. SIGNATURE AND TITLE OF CERTI	FIER	X	-	29c. LICENSE	NUMBER	29d. DAT	E SIGNED (A	fonth, Day, Year)	
BE		ments /	V xun	1	D06	181		8/5/	9 3	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 2) (Type; Print)	•					
	Joseph G. La	nzi, M.D.	721 E	ridge	St. Elk	ton, M	D 2192	1		
	31. DATE FILED (Menth, Day, Year)	32, REGISTRAR								
	AUG 0 6 '93	Julia Davi	idson-Randa	00						
		7								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Jan Jan

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)														
Maio			Har	ang			2. DATE OF MONTH		199	3	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF								
434-03-5314	1 🗆 M 2 🖔 F	83	YRS.	MONTHS	DAYE	HOURS MIN.	Nov.	Day, Year)	1909	Count	ry)			
9a. FACILITY NAME (If not institution, give	13-11				OR LOCATION OF D	EATH		9c. COU	INTY OF D	EATH				
4 Monroe Street		Ro	ckvi	lle			Mo	ntgo	mery					
10a. STATE 10b. COUNT	TY		10c, CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY			
Maryland Mont		Ro	ckvi]	lle										
4 Monroe Street,				101	ZIP CODE	0850								
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WA	YES 2 X			If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 XNO Speci	en, Puarto Ric	Specify Yea an, etc.)	or No-	11:10 A 8. BIRTHPLACE (State or Foreign Country) 99 LOUISIANA COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? YM YES 2 NO D. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, stc. Specify: White SINDUSTRY Manufacturing 10. Zip Code) 10. City or Town, Stata Spring, Marylan A. Spring, MD 20910 Ty arrest, Approximata interval Between Onset and Dase 3 Month				
15. DECEDENT'S EDI	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	16b. K	IND OF BUS	INESS/IN	11:10 A 8. BIRTHPLACE (State or Foreign O9 LOUISIANA COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? XX YES 2 NO D. CITIZEN OF WHAT COUNTRY? United States 6— 14. RACE — American Indian, Black, White, etc. Specify: White SS/INDUSTRY Manufacturing 10d. INSIDE CITY With YES 2 NO DIA CITIZEN OF WHAT COUNTRY? White SS/INDUSTRY Manufacturing 10d. INSIDE CITY With YES 2 NO DIA CITIZEN OF WHAT COUNTRY? White SS/INDUSTRY Manufacturing 10d. INSIDE CITY With YES 2 NO DIA CITIZEN OF WHAT COUNTRY? White SS/INDUSTRY MANUFACTURING A. Spring, MD 20910 TO A. Spring, MD 20910 TO A. Spring, MD 20910 TO A. SPRING A. Spring, MD 20910 TO A. SPRING A. Spring, MD 20910 TO A. SPRING A. SPRIN					
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		Ho	ookk	se retired.)		st of working	Ast	nest n	e mai	DN — City or Town, State Spring, MD 20910 Approximate interval Between Country arrest, Approximate interval Between Country are appearance on the country are approximate interval Between Country are approximate interval Between Country arrest, Approximate interval Between Country are approximate interval Between Country arrest, Approximate interval Between Country arrest, Approximate Count				
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA				10d. INSIDE CITY LIMITS? XX YES 2 □ NO g. CITIZEN OF WHAT COUNTRY? United States 100— 14. RACE — American Indian, Black, White, Specify: White SS/INDUSTRY Manufacturing ame) DN — City or Town, Stata Spring, Maryland A. Spring, MD 20910 Ty arrest, Opening Between Openet and Deatt				
Edmund Harang	1777					Annett	e For	ret						
19a. INFORMANT'S NAME (Type/Print)	A HARL	19	b. MAILING	ADDRESS	S (Street a	nd Number or Rural			, State, Zi	p Code)				
Maylou R. Hatze			Same	e as	10									
20a. METHOO OF DISPOSITION 1 □ Burial 2 Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	20b. PLACE cornetery, cre SUDU:					8-3								
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. R	app	Funeral	Servi	ces,	P. A	١.	WALL.			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С.	OR AS A CONSE	OUENCE O	F):					AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?					
if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cOUE TO (nderlyln	g cause given in		4e. WAS AN PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cOUE TO (in tha ur	26. PI	g cause given in		PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	d	Jeath but not i	reaulting	OTHER	26. PL R: sing Hom	ACE OF DEATH (C)	neck only one) 8 Other (PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH XX Netural 5 Pending	d	Seath but not r	reaulting	OTHER	26. PL R: aing Hom 28c. INJ WO	ACE OF DEATH (C)	neck only one) 8 Other (PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (X NO	C. OUE TO (d	Seath but not r	DOA 28b. TIM	OTHER	26. PI R: sing Hom 28c. INJ WO	LACE OF DEATH (CI	B Other (:	PERFOR	NURY OC	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH XX Natural 5 Pending Investigation 3 Suicide 6 Could not be defarmined	HOSPITAL: 1 Inpattant 2 28a. DATE OF (Month, De) 26a. PLACE OF building, a	ER/Outpetient 3 NJURY (, Year) INJURY — At hote. (Specify)	DOA 28b. TIME	OTHEF 4 Nurse OF JURY M street, fact	26. PI R: aling Hom 28c. INJ W0 1	ACE OF OEATH (CI	B Other (: 28d. DESCI 26f. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW III	MED?	CCURED or or Rural I	AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO			
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH X Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpattant 2 28a. DATE OF (Month, De 28a. PLACE OF building, a	ER/Outpetient 3 NJURY (, Year) INJURY — At hote. (Specify)	DOA 28b. TIME	OTHEF 4 Nurse OF JURY M street, fact	26. PI R: aling Hom 28c. INJ W0 1	ACE OF OEATH (CI	B Other (1) 28d. DESCI 26f. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW III	NED?	or or Rural limed.	AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO			
# any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART #. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natura 5 Pending investigation	HOSPITAL: 1 Inpattant 2 28a. DATE OF (Month, De 28a. PLACE OF building, a	ER/Outpetient 3 NJURY (, Year) INJURY — At hote. (Specify)	DOA 28b. TIME	OTHEF 4 Nurse OF JURY M street, fact	26. PI R: aling Hom 28c. INJ W0 1	ACE OF OEATH (C) to 5 (X) Rasidence URY AT PRK? YES 2 NO a and place, and du-	B Other (1) 28d. DESCI 26f. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW III	MED?	or or Bural intended. The cause(intended)	AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO Route Number,			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH X Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpettant 2 28a. DATE OF 6 (Month, De) 28a. PLACE Of building, a	ER/Outpatient 3 NJURY — At hote. (Specify) my knowledge, deamination and/or	DOA 28b. TIM	OTHES 4 Nun E OF JURY M street, fact and at the t on, in my c	26. PLR: asing Hom 28c. INJ WO 1	ACE OF OEATH (C) to 5 (X) Rasidence URY AT PRK? YES 2 NO a and place, and du-	26f. LOCAT City or to the cause of time, data ar	PERFOR YES 2 Specify) NINGE HOW II ON (Street a flown, State) (a) and manual placa, and	nd Number as stated due to to	course or Rural in the cause (or E signed Si	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, a) and manner as state 0 (Month, Day, Year)			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 man TO THE FUNERAL DIRECTION: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must in DIVISION OF VITAL RECORDS, P.O. BOX 68760,

project by the hospital or attending physicien.

MARYLAND 21215-0020

BALTIMORE

FINORE MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proc. in the Hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral manner. Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF N	/MARYLAND CI	DEPAI					MENTA	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last								2. DATE	OF OEATH	AY	YEAR 3.	TIME OF DEATH
1	Jack Arthur HARR								Aug	1, 1	993	1	:45 A. M
1	4. SOCIAL SECURITY NUMBER					MONTHS DAYS HOURS MIN. (Month,				onth, Day, Year) Country)			ACE (State or Foreign
	330-07-5504	330-07-5504 1 M 2 F 75								. 22,		Illin	
Œ											YTY OF OEAT		
5	16829 Malabar Street				Derwood Mont						rgomer	У	
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CI1	10c. CITY, TOWN OR LOCATION							d. INSIDE CITY LIMITS?	
	Maryland Montgomery				Derwood								YES 2 NO
1AL	10e. STREET AND NUMBER		101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY				
FUNERAL	16829 Malabar Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A						0855			U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 1		13.	If yes, spi		n, Maxica	n, Puarto	Y? (Specify Ye Rican, atc.)	a or No	14. RACE Black, W Specify:	American Indian, fhite, etc.
ВУ	3 Widowed 4 Divorced	1941-19					7.						white
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(6	ECEOENT'S Give kind of a. Do NOT L	work done	during mo.	ON st of working	ng	161	, KINO OF BU	SINESS/INC	DUSTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)				4			AMPID A C	מזר		
N N	17. FATHER'S NAME (First, Middle, Last)	4	Chi	lef o	1 Se	curi		HER'S NAI		AMTRAC			
S	Ralphe Andre Hari	rie						al M			Surrieme)		
BE	19a, INFORMANT'S NAME (Type/Print)	. 10	19	9b. MAILIN	G ADDRES	S (Street a				ber, City or Tov	vn, State, Zip	Code)	
٩	Phyllis E. Harris	3		same	as	#10							
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re		20b. PLACE of cemetary	E ANO OAT	E OF OISI	POSITION	(Name		OAT	E 20c. LC	CATION —	City or Town,	State
	4 Donation 5 Other (Specify)		Quant	ico l	Natio	nal			8/5	Qua	ntico	, Vir	ginia
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE)				NAME AND VOI				ne			
	7.8.	3-1-	-								ither	sburg	, MD 20877
CERTIFICATION	ahock, or theart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Hepatic Failure Out to (or as a conscouence of): Cirrhosis Due to (or as a conscouence of): Hepatic C Infection Legal Conscious of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury)									Onset end Deeth			
RTIFI	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE (OF):								
		d										_	
DICAL	PART II. Other significant condition	ona contributing to	death but not	resulting	in the u	inderlyin	g ceuse	given in	Part i.	24a, WAS AI PERFO 1 TYES	RMED?	AN CX	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
I: MEDI		-										1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	DEATH (Ch	eck only a	ne)			
Sic	1 VES 2 XNO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 □ Nu		• 5 K R	aaldenca	6 🗆 Oth	er (Specify)			
BY PHY	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF		28b. Ti	ME OF IJURY M	WC	URY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not b	28e. PLACE 6 building	OF INJURY At h , etc. (Specify)	nome, farm,	, street, fa	ctory, offic	•			I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			te Number,
COMPLETED	CONOCK DRIFT	SICIAN: To the best of NER: On the basis of	1										nd menner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTER	WA /	L	lu	1			ENSE NUI			N		onth, Day, Year) 2, 1993
2	30. NAME AND ADDRESS OF PERSON V		SE OF DEATH (IT)			Ger				vland			
	31. DATE FILED (Morith, Day, Year) AUG 0 3 199	32 MEDISTR	AS'S SIGNATURE	andall				,		,			

1	-	FOR STATE REGISTRAR
_	_	

	1 - STATE REGISTRAR	SIAIL OF I	CE				DEATH		MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Brunhilda E	. Hirsc	henber	ger					July	21,	"199	3 YEAR	1:10pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF	BIRTH		6 BIRTH	PLACE (State or Foreign
- 2	195-14-2436	1 □ M 2XXF	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, L	28	,190	7 Country	ustria
	9e. FACILITY NAME (If not institution, give			9b. CIT	r, TOWN O	R LOCATION					NTY OF DI		
O	Sacred Heart H		Hyattsville Prince Geor							George's			
ᇈ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		40. 00										
Ē												1	10d. INSIDE CITY LIMITS?
0	Maryland Prin	ce Geor	gers	Hyattsville									1 TES 2 NO
FUNERAL DIRECTOR	5805 Queens Chapel Road					107.	ZIP CODE	2	United				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF													
В	XX Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 X			If yes, spe	edly Cuben, I	Mexical	n, Puerto Ric	Specify Yes en, etc.)	or No—		- American Indian, , White, etc. y: , 11te
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. K	ND OF BUS	INESS/INC		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gi	Do NOT us	work done se retired.)	during mos	at of working		Uni	ted	Sta	tes	Governmen
M M	12		Se	ecre	tar	У			(De	ept.	of	Defe	ense)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid				
BE (Anton Hirsche	nberger					NOT	AV	AILAE	BLE	Fog	elne	eck
2	19e. INFORMANT'S NAME (Type/Print)	D:11	198	b. MAILING	ADDRES	S (Street er	nd Number or	Rural F	loute Number,	City or Town	, Stete, Zip	Code)	
- 1	Timothy V. A.		4	2933	Ga:	rile	era T	er:	race,	NW,	, wa	shir	ngton, DC
	4 Donation 5 Other (Specify)	noval from State	20b. PLACE A cemetery, cred St Ge	matory or o	ther place)	SITION (Na	ne of Cemet	er	DATE V 7/24	20c. LO	eban	City or Toy	vn, Stete PA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	h										Visconsin
	1 ~ 2	(>=	<u></u>	_		Aver	II F U	N T	I TA	lach	nat	22 V	L COURTH
Avenue, N.W., Washington, D.C. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately 1. Approxi													
	interval Between Onest and Death												
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Cele broves cular Cuccident 400% The TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEC		r): F):								
ᇤ	resulting in death) LAST	d											
	PART II. Other significent condition	na contributina to	double but not a	[8]	- Ab								
: MEDICAL	VARI II. Otta significant condition	is contributing to	deeth but not n	esulting	in the ur	nderlying	ceuse give	en in i		PERFOR	MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
Σ													1 TES 2 NO
Ž Z													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		CE OF DEAT	TH (Che	ck only one)				
PHYSICIAN	1 YES 2 XNO 27. MANNER OF DEATH	1 Inpatient 2			4 (Z) Nur	sing Home		ence	6 🗆 Other (S	pecify)			
	1 Natural 5 Pending	26e. DATE OF (Month, D	ay, Year)	28b, TIM INJ	E OF URY	28c. INJU WOF	BK?		28d. DESCR	IBE NOW IN	JURY OC	CURED	
B	2 Accident Investigation	20 20 20 2			М		ES 2 N	10					
E	3 Suicide 5 Could not be 4 Homicide determined	building,	F INJURY — At hor etc. (Specify)	ma, tarm, e	itreet, fact	ory, offica			City or 7	ON (Street si lown, State)	nd Number	or Aural Ad	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					Т	29c. LICENS			1			Month, Day, Year)
) BE	5th 7.	con					D	35	793	4	> 1	7/2	2/92
유	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUS										1	
	Stephanic IS 31. DATE FILED (Magth, Day, Yber)	1 tog 110	MD 7!		Gre	enwa	ау Се	nt	er Di	rive	#43		Greenbelt
	31. DATE FILED (Mogrin, Dev. 1993)	gura Duon	West on Marie										ì

and the hospital or attending physician.

The detached for use as the burial-transit permit, Pages 1, 2, 3 should

BALTIMO (E. MARYLAND 21215-0020 fter death. Page 6 feet from the hospital or attending physicis TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 (more to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should minoral.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	ENT OF HEAL		ITAL HYGIEN	E			
1. OECEOENT'S NAME (First, Middle,	Last)			2. 1	ATE OF DEATH			IME OF OEATH	
Wilson L. Hoof:	f				1y 31, 1	993	EAR	2:10 a M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF (IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (S. Country)						
577-60-4596 9e. FACILITY NAME (If not institution,	1 M 2 F		g. 7, 19		Washi	ngton, DC			
Wilson Health	Vilson Health Care Center Gaithersh					Mon	tgome	ery	
Wilson Health RESIDENCE OF DECEDER 10a. STATE 10b. C Maryland Mo	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c								
Maryland Mo: 10e. STREET AND NUMBER 401 Russell AV: 1. MARITAL STATUS	ntgomery	Gaith	CODE		10g. CITIZEN		LIMITS? YES 2 NO COUNTRY?		
401 Russell Av	401 Russell Ave., #313 20877 U.S.A.								
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	13. WAS DECENDED	NT OF HISPANIC O	RIGIN? (Specify Yes arto Rican, atc.)		RACE — A Black, Wh Specify:	merican Indian, Ita, atc. White	
15. DECEDENT' (Specify only highes		18a. OECEOENT'S USU	AL OCCUPATION	orkina	16b. KINO OF BUS	INESS/INOUS		WIIICC	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, La	College (1-4 or 5 +)		done during most of w ired.)						
	5+	Assistant			Federa		rve	Board	
17. FATHER'S NAME (First, Middle, La			1177		irst, Middle, Meiden	Sumame)			
Phillip Henry				aura Lee					
19a. INFORMANT'S NAME (Type/Print			ORESS (Street and Nu					00077	
Laura C. Hooff		96. PLACE AND DATE OF	sell Ave.	*		SDUIE,			
1 Burtal 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	de tropolita	ther place) n Cremato	ry 8/1/	93 Ale	xandri	a, V	A	
MI-SIGNATURE OF FUNERAL SERV	CE LICENSEE	libars	22. NAME AND AD 10 East Gaithers	Deer Par	k Drive	Tunera	1 Hom	e	
23. PART I. Enter the disease ahock, or heart fa	s, or complications that cause illure. List only one cause on					ratory arres	t,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition	0							Onset and Death	
reaulting in death)	. Pheumo:							Hours	
	DUE TO (OR AS	A CONSEQUENCE OF):					i		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):							
	aditions contribution to death	but not requiting in th	he undedving car	see ohen in Peri	I. 24a. WAS AN	Aumoney	Loan Wes	NE AUTOPSY FINDINGS	
25. WAS CASE REFERRED TO MEDIEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	Syndrune with	Extrapyrom	idd comp	lications	PERFOR	MED?	CON	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
- WAG GOOD	au I	14,6							
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		THER:	DF DEATH (Check o	7 - U U				
t VES 2 NO	1 Inpatient 2 ER/Ou		Nursing Home 5		Other (Specify) I. DESCRIBE HOW I	N HIDY OCCIH	DED.		
1 Natural 5 Pending	g (Month, Day, Year)		WORK?		. DESCRIBE HOW	NOUNT OCCO	NED .		
3 Suicide 6 Could	2 Accident Investigation 3 Suicide 5 Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route City or Town, State)								
cont	PHYSICIAN: To the best of my kno							i manner as stated.	
29b. SIGNATURE AND TITLE OF CE	RTIFIER		29c.	LICENSE NUMBER		29d. DATE S	IIGNED (Mo	nth, Day, Year)	
0 mm 0.									
	INSDIM M.P.	911 Russel	1 Avenue	Ga:the	ersbury 1	nd. 2	087)	
AUG 03	193 Juli	MATUR BANGLER							

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiane prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	REGISTRAR	CE	RTIFIC	CATE O	F DEATH	REG. NO	D .			
	1. DECEDENT'S NAME (First, Middle, Last)	- 11-	<u>/sc</u>			2. DATE OF DEATH MONTH	17 0	EF.	3. TIME OF DEATH 3 30 K M	
		6. AGE (In yrs, last		IF UNDER 1 YEA		7. DATE OF BIRTN (Morth, Day, Year) 3 3 1 1	001	8. BIRTN Country	IPLACE (State or Foreign y)	
	213-10-2404 1 M 2 MF	92	YRS.	01 0174 7011	N OR LOCATION OF RE		901		ID	
œ	Carroll Lutheran Vill	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY (
DIRECTOR	RESIDENCE OF DECEDENT									
H.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
	MD Carroll			Wes	tminster	c			1 YES 2 NO	
FUNERAL	10e, STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF W	VHAT COUNTRY?	
F	200 St. Luke Circle				21157		US			
	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 Never Married 12 Married FORCES?	YES 2 N	MED O	If yes,	specify Cuban, Mexica		ea or No—	14. RACE Black	. — American Indian, c, White, atc.	
B	3 Widowed 4 Divorced IF YES, GIVE W	IR OR DATES		101	ES 2 NO Specif	y:		Spech	hite	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	19e, DEC	EDENT'S U	SUAL OCCUP	ATION most of working	16b. KIND OF B	USINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	lite	Do NOT use	retired.)	most or working					
M M	7	W	orke	r		comme		L cr	edit	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide				
띪	Joshua Nelson Corbi					Elizabe				
2	Mrs. Rita Leiby					Route Number, City or To		,	ND 04455	
	20a, METHOD OF DISPOSITION			DISPOSITION			DINST		MD 21157	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crem	natory or othi	er plecel	etery 8	L L	nally			
	21. SIGNATURE OF FINERAL SERVICE LICENSEE	DCCI	J. 001.		AND ADDRESS OF FA		HCL IV	700 <u>u</u>	, PID	
	· K. Sl Lutte) '		PR	IS F.	H. U	lest	MIN	STER MI	
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one cause	ceused the dea	th. Do no	t enter the	mode of dying, suc	h as cerdlec Dr ree	piratory arr	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	_	. (1.	- 1				Onset and Death	
	resulting in death)	III AS A CONSEQ	HENOE OF	Sho	UL)				10	
_	- 5	5	Sence or	•					2.445	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OR AS A CONSEO	UENCE OF):	:			7		20100	
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events DUE TO (OR AS A CONSEO	UENCE OF):	:						
E	d.									
	PART II. Other significent conditions contributing to	death but not re	sulting in	the underly	ing cause given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
S						1 TYES	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ᇦ┃									1 YES 2 NO	
ž										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		1-		PLACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 NO 1 Inputient 2	ER/Outpatient 3	□ DOA	OTHER: Nursing h	ome 5 - Residence	6 Other (Specify)				
표	27. MANNER OF DEATN 28a. DATE OF I (Month, Da		29b. TIME INJU	RY	INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OC	CURED		
B	2 Accident Investigation	IN HIPV As been			YES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide detarmined	INJURY — At hon tc. (Specify)	ne, lerm, str	reet, factory, o	mea	261. LOCATION (Stree City or Town, Stat	t and Number e)	or Runal R	Route Number,	
	29e. CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beels of axi									
	29b. SIGNATURE AND TILLE OF CERTIFIER	-		, in thy opinion				-		
8	A Land Polis	N	2		29c. LICENSE NUI	770	29d. DAT	z. /	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, F	Print)	1) 00.	<i>y</i> - 0	1.0	17	143	
	JOHN CEHILLE	10/41	/M	DW	5t, W	MON BI	200	E	MD	
	31. DATE FILED (Month, Day, Year) AUG 1 0 '93	SIGNATURE	don-A	endable						

y 社社 点 (1) And (2)

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
ath certi	tending at Hygie	, or oth	
at the de	by the a	y Injury	
requires that	been signed t. of Health	shows an	
he law	e has le	m 23	
IAN: I	rtificat	or ite	
DING PHYSIC	After this ce death with the	marked,	
NITEN	CTOR:	28 1	
. OR /	DIRE	Hem	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If	

NAME AND

31. DATE FILED (Month, Day, Year)
AUG 1 0

'93

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR	TMEN	T OF I	HEALTH DEAT	AND	MENTA		_	93	24257
	1. DECEDENT'S NAME (First, Middle, Last)	Ir		Hai			DEAL	П	2. DAT	REG. NO	AY/97	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-5941	5. SEX 6. AGE (In yrs. II				R t YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTH	915	8. BIRTH Country	
TOR	9e. FACILITY NAME (If not institution, give street and number) University of Maryland RESIDENCE OF DECEMENT						imor		Baltin				
DIRECTOR	MD Carroll					on Loca	ster						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10%. STREET AND NUMBER 49 Pennsylvania					_	211				10g. CIT		HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2		13	If yes, sp	ENDENT O	F HISPAN	n, Puarto	N? (Specify Ye Rican, etc.)		14. RACE Black	- American Indian, , Whita, aic. y: white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	. Do NOT us	work done to retired.	during me	ost of working			b. KIND OF BU		DUSTRY	
COMP	17. FATHER'S NAME (First, Middle, Last)		dr	y cl	.ear	er	& ta 16. мотн	-		same Middle, Maiden		16A	
TO BE	David Haine: 19a. INFORMANT'S NAME (Type/Print)	S	19	b. MAILING	ADDRES	SS (Street				cking		D Code)	
	Mrs. Ruth E. Haines 49 Pennsylvania Ave., Westminster, MD 2115 20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Ramoval from State 41 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Westminster Cem. 8/9 Westminster, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICE		K	ul ne	22	NAME A	ts F	une	ral	Home	8 0	hap	el
	Robert K. Pritts. Sr. 412 Washington Rd. Westmins 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) • Mystarblad Mysarblad							Approximate interval Between Onset and Death					
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST e. MUSCOLULUS SUPERIOR SUPERIOR SUPERIOR OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to dea	th but not r	esulting I	n tha u	nderlyin	g cause g	iven in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{NO} \)	HOSPITAL:	/Outpatient 3	□ DOA	OTHE	R:	ACE OF DE						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU	JRY par)	28b. TIM	E OF URY M	28c. INJ W0 1 🔲	URY AT PRK? YES 2			SCRIBE HOW I	NJURY OC	CURED	
8	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	(Specify)				:		City	CATION (Street or Town, State)			oute Number,
COMPLET	one) 2 MEDICAL EXAMINER	IAN: To the best of my I											and manner as stated.
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER								29d. DATE SIGNED (Month, Day, Year) 8 6 9 5					

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_	REGISTRAN	CENTIL	TICALE	DEATH	REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last) Helen F.	Howett		2. DATE OF DEATH	27 1993 2:20A M					
						2/ 1				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 1 T	8. AGE (In yrs. leat birthday) 8.4 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 10-26-1	908	8. BIRTHPLACE (State or Foreign Country) Pennsylvania			
TOR	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOV	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
	Memorial Hospital at	T	albot ;E	aston	Talbot					
DIRECTOR	Maryland Caroline	TY, TOWN OR LO								
	10s, STREET AND NUMBER			10f. ZIP CODE		1 XES 2 NO				
FUNERAL						10g. CITIZEN OF WHAT COUNTRY?				
N I	Homestead Manor, 280	Camp Ro		21629			USA			
5	1 Never Married 2 Married FORCES? 1	YES 2 NO	If yes	, specify Cuben, Mexico		or No-	14. RACE — American Indian, Black, White, etc.			
BY	3 Wildowed 4 Divorced IF YES, GIVE WA	A ON DATES	10	YES 2 X O Specify	r:		Specify: White			
	15. DECEDENT'S EDUCATION	16a, DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INC	DUSTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of	work done during use retired.)	most of working						
7	11		Buyer		Ladie	s Ar	parel			
8	17. FATHER'S NAME (First, Middle, Last)		54,01	18. MOTHER'S NA	ME (First, Middle, Malden		F			
	Radivoy Enich				ry Pelle					
BE	19e. INFORMANT'S NAME (Type/Print)	19h MAII IN	G ADDRESS /Sm		Route Number, City or Tow		in Code)			
2				-						
	Beth B. Higgins				ton, MD					
1	1 Buriel 2 To Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory or Salisbu	other place) ry Cre	matory	7-28 Sa	list	City or Town, State oury, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CFSP	22. NAM	AND ADDRESS OF FA						
	M. E. Newnance	CESI	200			-	aston, MD			
	23. PART I. Enter the diseases, or complications that	caused the death. Do	not enter tha	mode of dying, suc	h as cardiac or reapi	iretory an	reat, Approximate			
	shock, or heart failure. List only one csus IMMEDIATE CAUSE (Final						Interval Between Onset and Death			
	disesse or condition my o carried inferret									
	resulting in desth) s but To (c	OR AS A CONSEQUENCE	0F):	1,00			125 den H			
7	disease or condition resulting in desth) s. my o cardial Infarct on DUE TO (OR AS A CONSEQUENCE OF): hypertensive cardiovarial disease years but TO (OR AS A CONSEQUENCE OF):									
0	Sequentially list conditions, if any, leading to immediate									
8	csuse. Enter UNDERLYING									
Ĭ.	CAUSE (Disesse or Injury that Initiated events OUE TO (C	AS A CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST									
	DADT II Other classificant conditions contribution to									
EDICAL	PART II. Other significant conditions contributing to d		,	1	PERFOR		AVAILABLE PRIOR TO			
ă	congestive heart	12.1000	- /	ypergly	Levy 1 1 TYES 2	D NO	OF DEATH?			
ME	Chronic renal for	ilvre		enenka	mille		1 TYES 2 NO			
	tobacco abre	-			1 %					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			. PLACE OF DEATH (Ch	eck only one)					
Si	HOSPITAL:	ER/Outpetlent 3 DX DOA	OTHER:	fome 5 - Residence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF II (Month, De)	VJURY 286. TI	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OC	CUREO			
ВУ	1 Accident Investigation			YES 2 NO						
	3 Suicide 280. PLACE OF	INJURY Al home, farm.	street, factory,	office	28f. LOCATION (Street	and Number	or or Rural Route Number,			
	4 Homicide determined building, e	е. (эрвспу)			City or Town, State)					
3	29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of m	w knowledge death occur	read at the time	date and place and due	to the several and mar					
₹ I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examiners.									
COMPLETED		and 10 H	ne causa(a) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, D										
2	000000000000000000000000000000000000000			035	60		1127193			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE J. O R. IN N		10. BOX	(60	DENTO	m	n 21629			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR		(10)	600	70101	1-41	0160/			
	JUL 29 1993	S SIGNATURE					-97			
	TO TO TO TO TO TO TO THE PARTY OF THE PARTY	Ann California III								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	DIRECTOR After this certificate has been stoned by the attending physician and completely filled in by the fi
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		TAL HYGIENE REG. NO.	9:	3 24259		
	A. Honig			2. D	ATE OF OEATH DAY 04	93 ^{vea}	3. TIME OF DEATH 8:45 a		
4. SOCIAL SECURITY NUMBER 089-05-5303 9a. FACILITY NAME (If not institution,	1 💢 M 2 🗆 F	87 YRS. 100	UNDER 1 YEAR IF UNDER NTHS DAYS HOURS	MIN. 12	ATE OF BIRTH fonth, Day, Year) 2/31/05	8. BH	RTHPLACE (State or Foreign unitry)		
Fairhaven	Fairhaven Sykesville Car								
Maryland Ca		10d. INSIDE CITY LIMITS? 1 YES 2XXNO							
7200 Third	Avenue 12. WAS DECEDENT EVER I		101. ZIP CODI 217		11		F WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	В	. RACE — American Indian, Black, White, etc. Specify: White							
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	done during most of working tired.)	פים	16b. KIND OF BUSINE				
17. FATHER'S NAME (First, Middle, Las	4 yrs	vice i	President	HER'S NAME (FA	rst, Middle, Maiden Sun	name)	Industry		
Max Honig 19a. INFORMANT'S MAME (Type/Print) J. Brooks Le	aby Attorne		oness (Street and Number East Main			tate, Zip Code)			
24s. METHOD OF DISPOSITION 1-4 Burial 2 Cremation 3 C	200	PLACE AND DATE OF D			DATE 20c. LOCAT	ION — City or	Town State		
21. SIGNATURE OF FUNERAL SERVICE	K. Pritts.	Kars	22. NAME AND ADDRES	ss of facility Funera	al Home	& Cha	apel		
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Ventricul DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A		by thmic	ase			interval Betwee Onset and De 10 day		
diabetes	obstructive		naz dis	given in Part i	24a. WAS AN AUTPERFORMED)?	Add. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		o	28. PLACE OF DI						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigate	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 26c, INJURY AT	28d.	DESCRIBE HOW INJU	RY OCCURED			
3 Suicide 6 Could not 4 Homicide determine	building, atc. (Spec	— Al home, larm, stree	t, factory, offica	261. 1	OCATION (Street and i Uty or Town, State)	Number or Run	al Route Number,		
	HYSICIAN: To the best of my know MINER: On the bests of exemination						e(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERT	MD			ENSE NUMBER	29	d. DATE SIGN	ED (Month, Day, Year)		
	Tan, MD 16	45 Liber	ty Rd Elo	leshur	8 MD	2178	4		
AUG 6 '93	32. REGISTRAR'S SIGN								

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	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AA
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR FRANCES U. HALDT 493 44 LOT AUGUST 0200 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
APR 6, 1898 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 95 159-26-0412 FRANCE YRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALTSBURY WICOMICO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND WICOMICO HEBRON 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 27134 N. TOURMALINE DRIVE 21830 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerio Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ₽¥ 3X Widowed 4 Divorced Specify: WHITE COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LICENSED PRACTICAL NURSE HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ JAMES WALLACE UNDERHILL DENISE ROUX 띪 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ROBERT BRUBAKER 4150 SCHOOL LANE, BROOKHAVEN, PA 19015 9 20s. METHOD OF DISPOSITION
14 Burlet 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must ARL'INGTON "CEMETERY 8/11 DREXEL HILL, PA 4 Donation 5 Other (Specify) 21. SIGNATURE OF BUNGAAL SERVICE LIGHNSEE 22. NAME AND ADDRESS OF FACILITY
ZELLER FUNERAL HOME, P. O. BOX 3171 Bonace OLD OCEAN CITY RD, SALISBURY, MD 21802 23: PART I, Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such sa cardiec or reapiratory arrest, Approximate shock, or heart fallure, List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** The disesse or condition resulting in death) conatremia CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES LE NO spatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO B Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 3 Suicide COMPLETED 4 Homicide TO THE HOSPITAL OR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If item 2 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296, SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNEO (Mohith, Day, Year)

8/8/93 BE 041586

Dupont Huy

Laure 1, Delaure

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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'93

32. REGISTAR'S SIGNATURE
GUNA DAMASON

Sharon Messics

31. DATE FILED (MODITY Day, Year)

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DIRECTOR: A

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Marie Committee

1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	PAR1	MENT	OF H	EALTH	AND	MENT		_		
1. DECEDENT'S NAME (First	, Middle, Last)			<u> </u>	1 01 0	OA. L	<u> </u>	DEC.	111	1 2, DAT	REG. NO.			3. TIME OF DEATH
Lucteti	2 None	una Una								MOH		199	YEAR	10.05
4. SOCIAL SECURITY NUME	BER	es Harv		yrs. last birti	hday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	12		IPLACE (State or Foreign
220 52 9826		1 - M XX F	93			монтив	DAYS	HOURS	MIN.	(Mo	789 189	00	Count	nv)
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		- 4		9b. CITY,	TOWN O	R LOCATION	ON OF O		25 105	99 Maryland		
Dennett Rd.	Manor	Nursing	Home	2		Oak]								
RESIDENCE OF DEC	CEDENT		TIOTIC			Oak.	Lanu					Gar	rett	
10a. STATE	10b. COUNTY			10-	c. CITY,	TOWN OF	R LOCATI	ON						10d, INSIDE CITY LIMITS?
Md	Garre	ett			_ Kj	itzmi	ille	r						1 ¥ YES 2 □ NO
10a. STREET AND NUMBER							101.	ZIP CODE	E			10g. CITt	ZEN OF Y	VHAT COUNTRY?
W.Main St							2	1538		_		US	Α	
11. MARITAL STATUS 1 Never Married 2 🔽	Married	12. WAS DECEDEN FORCES? 1		U.S. ARMED		13. W	AS DECE	NDENT O	F HISPAI	NIC ORIG	SIN? (Specify Yes o Rican, etc.)	or No-	14. RACE	- American Indian, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE W		LEB				2 ₩ NO			o mount, etc.)			w White
15, DEC	EDENT'S EDU	CATION		16a. DECEDE	ENT'O II	I OC	CUBATIO	M						
(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kir	nd of wo	ork done du	uring mos	n t of workin	g	10	66. KIND OF BUS	INESS/INO	USTRY	
UNK	F-12)	College (1-4 or 5 -	•)			vife					Damagt			
17. FATHER'S NAME (First, M.	iddle, Last)			1100	isev	vire		18. MOTE	JED'S NA	ME /Elent	Domest		_	
George Tic	chinel						- 1				man	sumame)		
19a. INFORMANT'S NAME (7	ype/Print)			19b. MA	ILING A	DDRESS	(Street or	rd Number	or Aural	Doute No.	mber, City or Town	Ctata Tia	Code	
Victoria Sh	narple	SS			_	ighl						21550		
20a, METHOD OF DISPOSIT	ION		20b F	PLACE AND D	-							CATION —		
1.5 Burlat 2 Cremation 4 Donation 5 Other	(Specify)	ovat from State		tery, cremator						8 - 5-		wanto		
21. SIGNATURE OF FUNERAL					1011			D ADDRES		-	23 30	waited	JII , L'IL	21330
► ///nn	201 D	Bun	loca	В		Da	vid	A. :	Burc	lock	FH			
David A. Burdock FH PO Box 523 Kitzmiller, Md 21538														
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between														
IMMEDIATE CAUSE (Findisease or condition														Onset and Death
resulting in death)	→ ,	. Cardio					al i	Eail	ure					1 week
				CONSEQUEN	CE OF):									
Sequentially list conditi	ions,	. Uremia												6 weeks
if any, leading to immed cause. Enter UNDERLYI		002 10	OR SA HU	CONSEQUEN	GE OF):									
CAUSE (Disease or inju- that initiated events		OUE TO	OR AS A C	CONSEQUEN	CE OF									
resulting in death) LAS	Т				02 0.7.									
		d												1
PART II. Other aignifica	nt condition	s contributing to	death but	t not result	ting in	the und	erlying	cause g	iven in	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
											1 TES 2			COMPLETION OF CAUSE OF DEATH?
											'			1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					28. PLA	CE OF DE	EATH (Ch	eck only o	one)			
1 TYES 2 NO		1 Inpatient 2	ER/Output	tient 3 🗆 Di		OTHER:	ng Home	5 🗆 Res	sidence	a 🗆 Oth	ner (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b	TIME		Bc. INJU WOR	RY AT		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
	Pending Investigation					М		ES 2 [NO					
3 Suicide 8 G	building stc. (Specify)													
4 Homicide	datarmined									Onj	y or lown, state)			
29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowled	dga, daath oo	ccurred	at the tim	e, data s	nd place,	and dua	to the cr	euse(a) and man	nor as state	nd.	
one) / MEDI	CAL EXAMINE	R: On the basis of ax	amipetion a	and/or investi	igation,	In my opi	nion, de	nth occurs	ed at the	time, dat	la and place, and	due to the	cause(a)	and manner as stated.
296 SIGNATURE AND TITLE		111		//				29c. LICE						
Herber 7	Li	the	-/	1/2	- 1	304	7		056					(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	H (ITEM 27)	two P	rint)		ע	050.	<i>J</i> 0		Au	gust	3, 1993
Herbert H.		1/					rest	On	k1 20	nd.	Marrilan	d 21	550	
31. DATE FILEO (Month, Day,)	(bar)	32. REGISTRAI			Jai	. 011	LUCL	, va	r.T.al	u,	rary Tal	1U ZI	טככ	
AUG	4 19	198 Shelia	Davida	on-Ran	Page 1									ļ

32. REGISTRAR'S SIGNATURE

Julia Varidon Randon

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page held within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FRANCIS	JOHN	HICKEY							MONTE	UST 3	B, 199	3 YEAR	3:05 Pm
4. SOCIAL SECURITY NUMB		5. SEX		s. last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
188-09-426 9a. FACILITY NAME (# not in		1 M 2 F	79	YRS.					APR	13,			SYLVANIA
LEO FRIEND	ROAD		BOX 5	84)		HENE		ION OF D	EATH			ARRET	
10e. STATE	10b. COUNTY	1		10c. CF	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
MARYLAND 100. STREET AND NUMBER	GA	RRETT		l l	McHEN		f. ZIP COD	DE.			10g. CI		1 YES 2 NO
LEO FRIEND	ROAD	(P.	O. BOX	584)			2154	41				JSA	
11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecity Cub		in, Puerto I	? (Specify '	Yee or No-	14. RACE Black, Specify	— American Indian, White, etc.
15. DEC (Specify only	EDENT'S EDU	CATION completed)	160	Give kind of	work done	during mo		ing	16b	KIND OF E	USINESS/IN	DUSTRY	
Elementery/Secondary (0)-12)	College (1-4 or 8-	•)	SUPER						TIRE	MANUI	ACTUI	RING
17. FATHER'S NAME (First, M THOMAS	liddle, Last)	HI	CKEY				16. MOT	MARY		Middle, Maid	en Sumeme)	McDEF	RMOTT
190. INFORMANT'S NAME (7											lown, State, Z		0.6 4400 40
MRS. IVA HI			20h 9!	P.O.			-		ENRY,		LAND	2154	
1 Burlel 2 X Cremation 4 Donetion 5 Other	on 3 🗆 Rem	oval from State	oth	ier place) IEGA CF			motory, Gro	matory or					W. VA.
21. SIGNATURE OF UNLERA	L SERVICE LY	ENSEE /	,		22.	NAME A	ND ADDRI	ESS OF FA	CILITY		P.O.		
- Kolu	1)4	Dun	M00	167		DURS	T FU	INERA	L HO				D. 21550
IMMEDIATE CAUSE (Fir disease or condition resulting in deeth) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated avents resulting in death) LAS	lons, diate	b. DUE TO	(OR AS A CO		OF):	r							Interval Between Onset and Death
PART II. Other significe		ny contributing to		not resulting	in the U	ndarlyin	g cause	given in	Part I.	PERF	AN AUTOPSY FORMED? 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	neck only or	10)			
1 YES 2 440		1 inpatient 2 26e. OATE OF		nt 3 🗆 DOA	4 □ Nu	rsing Hon	ne 6	Peeldence	6 Othe		W INJURY O	CCURED	
	Pending Investigation	(Month, D	lay, Year)	16	M	W	YES 2	□ NO		,			
3 Suicide 8	Could not be determined	28e. PLACE O building,	etc. (Specify)	At home, ferm,	, street, fac	ctory, offic	00			ATION (Stre or Town, Str	et and Numb	er or Rural R	pute Number,
Torroom orny		ICIAN: To the best of	-00										end menner se stated.
296. SIGNATUJA AND TITLE	OF DESTIFIE	1//		111			29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
X	ell	/	1	3			D23	979			•	8/49.	3
ROBERT GOI		, M.D.		1 N. F		H ST	. 0	AKLA	ND,	MD. 2	1550		
31. DATE FILED (Month, Day, AUG		32. REGISTRA		Tendo	100								

		umit. Page 1.1. 3 should	
, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 1.3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury,

	1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF D	EATN	
	EDNA LEE HUDS	ON					11 9	3 7:30	Ам	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AG	E (In yrs. lest birthde)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State of	Foreign	
9	214-10-7156 '	□ M 2 GyF	83 YRS.	MONTHS DAYS	HOURS MIN.	Min. (Month, Day, Year) (Country) 6-5-1910 (Maryland)				
1 8	Sa. FACILITY NAME (If not institution, give street	end number)	-	9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH		
DIRECTOR	SALISBURY NURSING		NTER		SBURY, MI		WICO			
) H	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE C	ITY	
10	Md. Wicom	ico	1	Villard:	S			LIMITS?	□ NO	
A P	10e. STREET AND NUMBER				M. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY		
FUNERAL	Davis St.	WAS DESCRIPTION OF THE PARTY OF			21874			·S·A·		
B⊀	1 Never Married 2 Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	s or No— 14	RACE — American is Black, White, etc. Specky: White	ndian,	
	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION noleted)	16a. DECEDENT	S USUAL OCCUPATE	ON	16b. KINO OF BU	SINESS/INDUS	TRY		
<u> </u>		College (1-4 or 5+)	We. Do NOT	use retired.)	ost or working					
N N	8		Seams	tress		Shir	t Fac	tory		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
BE (Thomas Adkins				Ella	Davis				
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILII	IG ADDRESS (Street	end Number or Rural	Route Number, City or Tow	rn, Statu, Zip Co	ode)		
[C]	arlotte Hudson		103	Hall D	r. Sali	sbury, Me	d. 21	801		
	20a. METHOD OF DISPOSITION 1 Removal	from State	ON PLACE AND DAT	E OF DISPOSITION /A	ame of			y or Town, State		
	4 Donation 5 Other (Specify)	1	Parson:	other place) Cemet	ery	7/14 Sa	lisbu	ry, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	0/		ND ADDRESS OF FA	CILITY				
	Suald (Mun	08	Poun	da Funo	wal Home	C- 1	4	243	
	23. PART I. Enter the diseases, or conf	plications that caus	ed the death. Do	not enter the me	ode of dving, suc	ral Home	iratory arrest	t. Approx		
	shock, or heart failure. List	only one cause on	each line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Le varoille of resp	matory arres	intervai	Between	
	iMMEDIATE CAUSE (Final disease or condition	17	2000 De					Onset	ind Death	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	on:						
z	to content of the	a	0357/26	ARD	Dam No	el mas	S	į		
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO JON AS	A CONSEQUENCE							
8	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):						
띮	resulting in death) LAST									
	PART II. Other significant conditions c	ontributing to death	but not resulting	in the underlying	g cause given in	Part i. 24a. WAS AN	AUTOPRY	24b. WERE AUTOPSY	FINDINGS	
DICAL		mentia z				PERFO	RMEDY	AMAILABLE PRICOMPLETION O	OT RC	
一面し		order	7 11 10 7			1 TES	Allo	OF DEATH?	Jene J	
Σ	50100	m				-		1 🗆 YES 2 🗇] NO	
AN	25. WAS CASE REFERRED TO MEDICAL			00.0	LAGE OF BEATH OF					
PHYSICIAN:	EXAMINER?	OSPITAL:	35.00.75	OTHER:	LACE OF DEATH (Ch					
¥	27. MANNER OF DEATH	Inpetient 2 ER/Ou				6 Other (Specify)				
	1/2 Netural 5 Pending	(Month, Day, Year,	26b. T	NJURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	NJURY OCCUP	RED		
à	2 Accident Investigation	20- 8/ 405 05 15 11	W 11 1 1		YES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	ecify)	, street, factory, offic	:0	281. LOCATION (Street City or Town, State)		Rurel Route Number,		
<u> </u>	29e. CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C					to the cause(e) and me time, date and place, ar			s stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IGNEO (Month, Day, Ye		
BE		1			Dar.	217	D O	In low	nr/	
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF I	DEATH (ITEM 27) (Tr	oe, Print)	110	16-3		1995		
	michael At	KINS M.	D 1104 F		DRIVE,	SALISBURY,	MD.	21801		
3	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIG								

	once.	ŀ
	at	۱
	e notified	
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	must	l
ъ.	examiner	
101100	medicai	
TOTAL ST	the	
1000	event	
2000	matic	
2	2	
מייים ווייים ווייים ווייים ווייים ווייים	other	
	9	
1	ıy injury,	
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	hows	
	2	
-	Item	
	5	
3	marked,	
	.00	

	1 - STATE REGISTRAR			ICATE OF			REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	11				2. DAT	TE OF DEATH			3. TIME OF DEATH
	MAGGIE LAYTO	N HEA	RN			MON	7 a	W	93	11:50 AM
	4. SOCIAL SECURITY NUMBER	6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24		E OF BIRTH		8. BIRTHP	LACE (State or Foreign
		□ M 2 🙀 F	93 YRS.	MONTHS DAYS	HOURS	MIN. 2/	nth, Day, Year) 22/190	00	Country)	YLAND
	9a. FACILITY NAME (If not institution, give stree	t and number)		96. CITY, TOWN	OR LOCATION		22/100		NTY OF DEA	
OR	ATLANTIC GENERA	L HOSPIT	AL	BERL	TN			WOR	CEST	FD
اق	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							MOR	CESI	EK
DIRECTOR	100.000	V.T.C.O.		Y, TOWN OR LOCA	TION				1	Od. INSIDE CITY LIMITS?
	MARYLAND WICOI	ATCO	WI	LLARDS						X YES 2 NO
R	RT. 346			10	. ZIP CODE					AT COUNTRY?
FUNERAL		2 WAS DECEDENT EV	ED IN II C ADMED	40 400 050	2187				U.S.	
	1 Never Married 2 Married	2. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ecify Cuban, R	Maxican, Puarte	ilN? (Specify Yea o Rican, etc.)	or No-	Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES	1 U YES	2X NO	Specify:			Specify:	HITE
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION	18a. DECEDENT'S	USUAL OCCUPATION	ON	16	Sb. KIND OF BUS	INESS/IND		11111
9		College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st of worlding					
<u></u>	8		DIETIC	IAN			SCHOO	OL S	YSTE	M
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	R'S NAME (First	, Middle, Maiden	Sumame)		
BE	EDWARD LAYTON					NNA A				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number	Rugil Route Nu	mbyr, City or Town	State, Zip	Code)	
	VERNON HEARN		I NF	246	111	75V11	E	nd	. 2	1850
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Crammion 3 Remova	from State	20b. PLACE AND DATE Cometery, crematery or the cometer of the come			OA			City or Town	
ĺ	4 Donation 5 Other (Specify)		yILLARD	-	LAND		12 WI	LLAF	RDS,	MARYLAND
	. 6 11	1 4	V	22. NAME AI	ID ADDRESS	OF FACILITY				
	Xuald 1	102	unds	BOUNI	OS FH	E MA	IN ST.	. SA	LISB	URY, MD
1	23. PART i. Enter the diseeses, or comehock, or heert fellure. Lie	iplications that ceut tomy one ceuse.c	sed the death. Do not need the	not enter the mo	da of dying.	, such as ca	rdisc or respir	ratory arr	est,	Approximete interval Between
	IMMEDIATE CAUSE (Final	0-	12							Onset and Death
	disesse or condition resulting in death) s	51	poke							
		DUE TO (OR A	AS A CONSEQUENCE O	F):						
O	Sequantielly list conditions, b.	DUE TO (OR	AS A CONSEQUENCE OF	n.						
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	502 10 (01.)	AS A CONSCOUNCE OF	r):						
띮	CAUSE (Disesse or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE OF	F):						
E	resulting in death) LAST									
	U.									+
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to deat	h but not resulting	in tha underlying	causa giva	an in Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
<u>a</u>							1 TYES 2	No	C	OMPLETION OF CAUSE F OEATH?
×									1	YES 2 NO
Ä							<u> </u>			
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL OTHER:	ACE OF OEAT	'H (Check only o	one)			
₹	1 VES 2 NO 1	Inpetient 2 ER/O		4 - Nursing Hom						
	1 Natural 5 Pending	(Month, Day, Yea		URY WO	RK?		ESCRIBE HOW IN	JURY OCC	CUREO	
B	2 Accident Investigation	28a PLACE OF IN I	URY — At home, farm, a		ES 2 N					
	3 Suicide 8 Could not be detarmined	building, etc. (3	Specify)	irrest, ractory, ornic	•	City	CATION (Street as y or Town, State)	nd Number	or Hural Hou	te Number,
9	29a. CERTIFIER									
MP	(Check only									1
COMPLETED	2 MEDICAL EXAMINER: C	-1 are passe of axamin	econ and/or investigatio	n, in my opinion, d	eath occured a	at the time, dat	te and place, and	dua to the	e cause(a) a	nd manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	00 04:0			29c. LICENSI	E NUMBER	11	29d, DATE	SIGNEDICA	onth, Day, Year)
2	30. NAME AND APPRESS OF PERSON WHO C	ON VID	ARATH ATTACA	0.11	113	5/10	7		7/6	1/93
	S ACL LACE	MAN N	/harilalal	n	1	11	Inal	2/	11/1	
	31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S S	IGNATURE THE	AHR.	C (Per	CH	NEL	4	142	
0	1111 1 9 1003 L	P. Karida A	Branda 00							

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / CE				DEAT		MENTA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)							-		OF DEATH			3. TIME OF DEATH
	Brian	Edward	Н	url	677				MONT 0.8		AY 1	993	1435 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	218-96-3846	KXM 2 F	22	YRS.	MONTHS	DAYS	HOURS	sent.	10	15 1	970	Country	yland
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE					
DR	Dorchester Gen	eral Ho	nenital		C.	amhr	-i -a	0					
DIRECTOR	Dorchester Gen	STAT IIC	SUICAL				ridg	e			<u> </u>	orcr	ester
RE	10e. STATE 10b. COUNTY				Y, TOWN (10d. INSIDE CITY LIMITS?
		chester		C	amb								1 TES 2XXNO
AAI	10e. STREET AND NUMBER	-				10f	. ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	3121 Steam							613				U.S.	Α.
B≺	11. MARITAL STATUS 1 Never Merried 2 Noverried 3 Wildowed 4 Divorced	TEVER IN U.S. ARN YES 2 X NO AR OR DATES			If yes, spi	ENOENT O	n, Mexica	n, Puerto	t? (Specify Yes Rican, etc.)	or No—	Black,	- American Indian, , White, etc. V: White	
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16e. OEC	EDENT'S	USUAL O	CCUPATIO	ON st of workin	_	16b	KIND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT US	se retired.)		SI OF WORKIN	9	1,				
MP	12		1111	ecn	anio	-			I	arm	rmpı	emen	t dealer
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-				18. MOTH			Middle, Maiden			
BE		allace	Hurle										maras
2	19e. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
	Mrs. Jill Anne	Hurley	7	312	1 St	eam	er	Run	, <u>Са</u>	mbric	lge i	Md.	21613
	20a. METHOD OF DISPOSITION 1 New York Street Stree	al from State	20b. PLACE AI	atanı ar a	thes ofened				1		CATION —		13.54
	4 Donation 5 Other (Specify)	NO.	Dorche	ster	Men	oria	ıl Pa	rk	8/1	0 Cam	bric	lge :	Maryland
	TI. SIGNAL ONE OF TOTELAR SERVICE LICE	7 11	0		22.	NAME AN	ID ADDRES	SS OF FAC	T VILLE	homas	Fur	iera	1 Home
	Newtok	. Husan	27		7	00	Locu	ıst	St.	Camb	ride	ge M	d.21613
	shock, or heart feilure. Liet only one ceuse on each line.											Approximate Interval Between Onset and Death	
ATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSECU	JENCE OI	F):	J							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE O	F):								
CAL	PART ii. Other algolificant conditione	contributing to	death but not re	euiting i	in the un	deriying	cause g	iven in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC										PERFOR			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Che	ick only on	·e)			
Š		I ☐ Inpatient 2 💢	ER/Outpatient 3	DOA	OTHER 4 Nun		5 🗆 Re	eldence	6 🗆 Othe	r (Specify)			
F	27. MANNER OF OEATH	26e. DATE OF I (Month, Da		26b. TIM	E OF URY	28c. INJU	JRY AT		28d. OES	CRIBE HOW II	NJURY OCC	UREO	
⋒	1 Netural 5 Pending 2 Accident Investigation	080		1.3	328	1 🗌 Y	ES 2 -	NO	One	rator	of	mva.	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, a	INJURY — At hom rtc. (Specify)	e, ferm, s	rtreet, fact	ory, office			261. LOC	ATION (Street e			oute Number,
			n stree	et.						orsev	Bri	dae	_Road
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of r	ny knowledge, deat	h occum	d at the ti	lme, date	end plece,	end due	to the cau	se(e) end man	ner ee atat	ed.	
S S	One) MEDICAL EXAMINER:	On the basis of exe	emination end/or in	vestigatio	n, In my o	pinion, de	eath occur	ed at the	time, date	end place, en	d due to th	e ceuse(e)	end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	5-					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
BE C	10 N) C	M.E		▶ 08		1993
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	27) (Тура,	Print)				и. С		0.8	00	1773
	31. DATE FILED #Appin, Day, Year hand	32. REGISTING	11	Pe	enn	Str	eet.	Ba	lti	more.	Mar	yla	nd 21201
	AUG 11'93	grina	YS AIGUNDEN-	Market	-								

FOR STATE REGISTRAR		STATE OF N	IARYLAN	ID / DEPAR			EALTH AND	MENT		E		
1. DECEDENT'S NAME (First,	Middle Leet			OLITTI	IOAIL	<u> </u>	DEATH		REG. NO.			
									TH 29,	[993	YEAR	7:25 P.M
4. SOCIAL SECURITY NUME	SER 5	SEX	6. AGE (In y	rrs. last birthday)	IF UNDER 1 1	'EAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		a. BIRTHP	LACE (State or Foreign
446-14-430	5 1	☐ M 2 💢 F	85	YRS.	MONTHS C	HOURS MIN.	(Month, Day, Year) Country)				Texas	
9a. FACILITY NAME (If not in	stitution, give stree	t and number)			9b. CITY, TO	OWN O	R LOCATION OF DE	EATH		9c. COUN	TY OF DE	ATH
Crofton Con	valesce	nt Cent	er		(Cro	fton			Ann	ie Ar	undel
RESIDENCE OF DEC												
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Prince	George	S		I	3ow	ie].	1 ▼ YES 2 □ NO
10. STREET AND NUMBER						10f.	ZIP CODE			10g, CITIZ	EN OF WI	HAT COUNTRY?
16056 Engl:	ish Oaks	s Avenue	e, Apt	.В			20716			Unit	ed S	States
11. MARITAL STATUS	12	2. WAS DECEDEN			13. WA	S DEC	ENDENT OF HISPAN	NIC ORIG	in? (Specify Yea	or No-	14. RACE	- American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE W					2 NO Specifi		Rican, etc.)			White, etc.
3 ☑ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☒ NO Specify: Specify: Whi										White		
15. DEC	EDENT'S EDUCAT	ION	16	a. DECEDENT'S	USUAL OCC	UPATIO	IN	10	Sb. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0		College (1-4 or 5 +	,	(Give kind of ville. Do NOT us	vork done dun e retired.)	ing mo:	st of working					
Secretary Mortgage												
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTHER'S NA	ME (First				
James Elmen	r Foster	_					Lillian			Sarrigities		
19a. INFORMANT'S NAME (I		-		1 405 11411 1140	10000000							
Ann E. Land	,,						nd Number or Rural I od Court					21114
200, METHOD OF DISPOSIT		- 1	20b. PL	ACE AND DATE (_		-		ATION — C		
1 🔀 Buriel 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other		from State	cemeter	ry, cremetory or of	her placel			/93		ond,		***************************************
21. SIGNATURE OF FUNERAL		SEE	11011	TOTICE .		ME AN						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Will E Brue J M00672 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 23. SIGNATURE OF FUNERAL SERVICE LICENSEE WAS CONSIDERATED TO SERVICE LICENSEE A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 25. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 26. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 27. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 28. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 29. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 3501 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 20. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 1557 20.												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory srrest, ehock, or heart fellure. List only one cause on each line.											Approximate Interval Between	
IMMEDIATE CAUSE (Findisesse or condition	nel	Left Ve	ntric	cular Fa	ailure	2						Onset and Death Minutes
resulting in death)	a	DUE TO	OR AS A CO	ONSEQUENCE OF								Hindees
	_	Cancer				oct.	2505					Voore
Sequentially list conditi				INSEQUENCE OF		45 C	4363					Years
if any, leading to immed cause. Enter UNDERLYI					,							į
CAUSE (Disease or Inju		DUE TO	OR AS A CO	NSEQUENCE OF	n.							-
that initiated events resulting in deeth) LAS	7	552 10	011 100 11 00	MISEOUENCE OF	1.							
	d											
PART II. Other significe	nt conditions c	ontributing to	desth but	not resulting i	n the unde	rlylng	ceuse given in	Part I.	24s. WAS AN A	WTOPSY	24b. Y	WERE AUTOPSY FINDINGS
N/A									PERFORI	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 YES 2	NO NO		OF DEATH?
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25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:				26. PL	ACE OF DEATH (Ch	eck only	one)			
1 TYES 2 XNO		☐ Inpatient 2 ☐	ER/Outpatle	int 3 🗆 DOA	OTHER:	Home	5 🗆 Residence	6 Ott	ner (Specify)			
27. MANNER OF DEATH		26a. OATE OF (Month, Da		26b. TIM	E OF 28 URY	c. INJU	JRY AT	28d. Di	ESCRIBE HOW IN	JURY OCCI	JRED	
	Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				ES 2 NO					
2 Devloteto		26e. PLACE OF	INJURY -	At home, farm, s	treet, factory.	office		26f. LO	CATION (Street or	nd Number o	or Rumi Bo	ute Number
	Could not be determined	building,	etc. (Specify)						y or Town, State)		T FIGURE FIOL	Joseph Jo
29e. CERTIFIER (Check only	IFYING PHYSICIAL	N: To the best of	my knowlede	e, death occurre	d at the time	data	and place, and due	to the c	sussele) and	Mr en et-1	4	
												and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	10	1-	0		1	29c. LICENSE NUN	IĄER	. 1	29d. DATE	SIGNEO //	Month, Day, Year)
	/ M/ WWW 7/ DO 1828 ► July 30, 1993											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Max C. Frank, M.D. 7575 Ritchie Highway Glen Burnie, Maryland 21061												
Max C. Fran. 31. DATE FILED (Month, Day,						en	Burnie,	Mar	y⊥and 2	1061		
AUG 0 2		Julie Di	WI down	Andree								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) AUG 0 2 1993

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	CIA	ertif	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	6
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31. DATE FILED AUG 1. Por Your 93

		STATE OF MAR				MENTAL HYGIEN	9	3 24267	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	ROY MELVI		ICATE OF	DEATH	2. DATE OF OEATH		3. TIME OF OEATH 3 7:15 A _M	
		X M 2	GE (In yrs. lest birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	914	RTHPLACE (State or Foreign unitry) VIRGINIA	
STOR	FORT WASHINGTON RESIDENCE OF DECEDENT		L CENTER	FORT W			PRINC	E GEORGE'S	
DIRECTOR		E GEORGE		V, TOWN OR LOCATE UPPER	MARLBOR	0		10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL		ROOM ROAD		10f.	ZIP CODE	772	_	F WHAT COUNTRY? SA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS OECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes, spec	NDENT OF HISPAN city Cuben, Mexica NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	S	ACE — American Indien, lack, White, atc. pecity: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION mpleted) Cotlege (1-4 or 5+)	(Give kind of ville. Do NOT us	usual occupation work done during most retired.) hanic	of working	16b. KIND OF BUS		Υ	
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel O. Jett				Ama	ME (First, Middle, Malden nda E. R.	Surname) itter		
5	Bernice A. Jett		196. MAILING 9815	ADDRESS (Street and Croom	Rd., U	oute Number, City or Tow pper Mar	n, State, Zip Code, 1boro,	MD 20772	
	20a. METHOD OF CISPOSITION 1 Deuriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b. PLACE AND OATE O	ACE AND DATE OF DISPOSITION (Name of OATE 20c. IV), Crematory or other place)				LOCATION — City or Town, State		
	Benjamin Ma	mylla	M00638			ral Home	dorf	Md. 20604-0	
	23. PART I. Entar the diseases, or com- ahock, or heert feiture. Lia iMMEDIATE CAUSE (Finel disease or condition resulting in death)	PN	sed the death. Do not neech line. S A CONSEQUENCE OF	NIA	e of dying, auc	n as cerdisc or reapi	ratory arreat,	Approximate interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		S A CONSEQUENCE OF						
MEDICAL	PART II. Other significant conditione contributing to death but not resulting in the underlying cause given in Part I. ARTERIO SCISCACATIC CANDIO UASCULAR DISSA VES 2 X NO 248. WAS AN AUTOPSY PROPINGS AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	CE OF OEATH (Che				
_	27. MANNER OF DEATH 1 Neturel 5 Pending	1 DE Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Resider 17. MANNER OF DEATH 26. DATE OF INJURY (Month. Day, Year) 28b. TIME OF 28c. INJURY AT WORK?				28d. DEŞCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, stc. (S	IRY — At home, ferm, a specify)			al Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C							e(e) end manner ee stated.	
띪	BML SIGNATURE AND TITLE OF CERTIFIER		-M		D-18			EO (Month, Day, Year)	
٥	30. NAME AND DORESS OF PERSON WHO CO	OMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)	"		- 100	12/11/3	

6188 Oxon Hill

32. REGISTIAN SOGNATURE

June Davidson Funder

#601 0xon Hill,

Road,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions page 5 should be detached filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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hours after de	ed in by the fi	medical ex	-
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cate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	er traumatic	
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uires that the	signed by the Health and N	ws any inj	
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G PHYSICIAN	er this certific th with the S	arked, or i	
OR ATTENDIN	DIRECTOR: Aft ours after dea	ет 28 із п	
E HOSPITAL	E FUNERAL (5 within 72 h	RTANT: If I	
TH CL	5 F F F	IMPO	-

		ERTIFI	CATE OF	DEAT	Н	P	EG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last) MARY ELITZABE		JOHNS (N		2. DATE OF MONTH (06ATH	2-93	3 YEAR	3. TIME OF DEATH 99 20 PCM
	4. SOCIAL SECURITY NUMBER 212-20-2182 5. SEX 1	YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER	MIN.	7. DATE OF I	энтн У. Жер — 19	924 BHRTHPLACE (State Country) Maryla		ryland
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital RESIDENCE OF DECEDENT		Silve						NTY OF DE	
E I	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	TION	_					10d. INSIDE CITY
<u>a</u>	Maryland Montgomery	Si.	lver	Spri	ng				_ [LIMITS?
AL	10a. STREET AND NUMBER			H. ZIP CODE				10g. CIT		HAT COUNTRY?
Ę I	13300 Octagon Lane				209	04			U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES		If yes, a	CENDENT O	ı, Maxican	IC ORIGIN? (S I, Puerto Ricar	pecify Yes n, etc.)	or No—	14. RACE Black, Specify	American Indian, White, atc.
COMPLETED	(Specify only highest grade completed) (Gi	ive kind of wo Do NOT use	sual occupation of done during metered.)	ost of working	7	16b. KiN	D OF BUS	INESS/INC	DUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)	nous	sewite		ED'C NAM	E (First, Middl	- Maridan I	D		
	Fred Templeman			10. MO111	EN 3 NAM			,		
) BE		b. MAILING A	ADDRESS (Street	and Number	or Rural A	Minn	Ity or Town	State Zio	Code	
5	Garfield R. Johnson (Husband									20904 sing. MD
	208. METHOD OF DISPOSITION 20b. PLACE A	ANDDATEOF	DISPOSITION /N	ame of		DATE	20c. LOC	CATION -	City or Tow	n, Stata
	4 Donetion 5 Other (Specify)	I awn"	Mem.	Park		8/6	Roo	ckvi	lle,	MD
	21. BIONATURE DE FUNERAL SERVICE LICEUREE LOUGE K. Duowd	en	22. NAME A SNOW ROCK	DEN	FUNI	ERAL		E, P		
	23. PART I. Enter the discusses, or complications that caused the dec	eth. Do no	t enter the me	de of dyli	ng, such	as cerdiec	or respir	atory err	est,	Approximate
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory. Failure Bespiratory. Failure Conset and Death Sequentielly list conditions,									
N	Seronegative Seron	VE R	neumat	oid	Arti	riti	s			
CERTIFICATION	if any, leading to immediate Restrictive	PENGE CIT	ia Dis	ease						
FIC	CAUSE (Disease or injury Attitude overts Due TO (OR AS A CONSEO		1:32=36							
E	resulting in death) LAST									j
2	G.									
DICAL	PART II. Other significent conditions contributing to deeth but not re	esuiting in	the underlyin	g ceuse g	iven in P	art i. 24a	PERFORE			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă						_ 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ						-			1	☐ YES 2 🖪 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
<u>iii</u>	EXAMINER? HOSPITAL:		OTHER:	ACE OF DE						
Ĭ	1 YES 2 NO 1 Propertient 2 ER/Outpetient 3 27. MANNER OF DEATH 26s. DATE OF INJURY	26b, TIME	OF 28c IN.	URY AT		Other (Spi 28d. DESCRIE		HIEV OCC	HIDEO	
A >	1 Natural 5 Pending (Month, Day, Year)	INJUF	TY WO	PRK?	- 1	200. DESCRIE	E NOW IN	JUHY OCC	ONED	
BÝ	2 Accident Investigation 3 Suicide 8 Could not be	me, ferm, stre				281. LOCATION	N (Street ar	nd Number	or Rurai Ros	ute Number
COMPLETED	4 Homicide determined building, etc. (Specify)					City or Tox	vn, State)			
١٣	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dea	th occurred	at the time date	and place	and due to	o the course(s)	and man		-4	
29s. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. Check only one) DERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. DERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.								and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE						
BE	by line ms			A -	US			ANG. DATE	. / 1	Nonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Pi	rint)	1) 4	7.3	/			7 17 (7.3
	Jay Weiner WO 11561	Secre	AJe	whe	chon.	had				ļ
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- 1.							-	
	31. DATE FILED (Morth, Day, Your) 32. REGISTRAR'S SIGNATURE ALLG 05 1993 Sulice Deviden - Anda	22								

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	0					2. DATE OF	DEATH		NE.	3. TIME OF DEATH
GEORGE RU	SSELL JAC	CKSON				AUG.	01	199	YEAR	08:00a
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BURTH		6. BIRTH	PLACE (State or Foreign
212-10-9765 Se. FACILITY NAME (If not institution, give	1 M 2-12 F	79	YRS.	DAYS	HOURS MIN.	July	18,		Ma.	ryland
Greater Baltimor		Center		Baltin		EATH		Ci		EATH
10a. STATE 10b. COUR	timore			rown on Locat						10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER	CIMOI		No.		ZIP CODE					1 YES 2 NO
1934 Ridge R	d.			101	21136				U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	MED IO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 NO Specifi	an, Puerto Rica		or No-	Black	— American Indian, , White, atc. White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Gi life.	ve kind of wor Do NOT use r					SINESS/IND	USTRY	
12		, Su	pervi	BOT			-	& De	cker	
17. FATHER'S NAME (First, Middle, Last) George Raymond	Jackson				16. MOTHER'S NA	Le Mae		,		
19a. INFORMANT'S NAME (Type/Print)		191	. MAJLING AD	ODRESS (Street a	nd Number or Rural	Route Number, (City or Tow	n, State, Zip	Code)	
George Robert J	ackson	3	19 Le	yton Rd	. Reiste	erstown	MD.	211	36	
20e METHOD OF DISPOSITION 1 Disposition 3 Ref 4 Donation 5 Other (Specify)		20b. PLACE	ND DATE OF	DISPOSITION (Na		DATE	20c. LO	CATION -	City or To	wn, Stata
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	diade	116 011	-	D ADORESS OF FA		202	.6 661	S COW.	nd ime
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL		1.		ACE OF DEATH (Ch	neck only one)				
1 TES 2 XHO	HOSPITAL:	ER/Outpatient 3		THER: Nursing Hom	e 5 🗆 Residence	6 Other (Sp	pecify)			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF II (Month, Day		28b. TIME (Y WO	URY AT RK? 'ES 2 NO	26d, DESCRIBE HOW INJURY OCCURED				
2 Dulaide	2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify)							and Number	lumber or Rural Route Number,	
29b. SIGNATURE AND UTLE OF CENTER	'SICIAN: To the best of m NER: On the basis of axa					time, data and		d due to th	e cause(a) and manner se stated. (Month, Day, Year)
30. NAME AND EDDRESS OF PERSON V	MITH 2		11 27) (Type, Pr	HAPFOF	ROAD,	BALT	Imaa	B.	MD.	21234
31. DATE FILED (Month, Day, Year)	32. REGISTRAR		101	THEFT	,	W 13 L	Incor	, ,		7.0
AUG 6 '93		Hidam Abn	delle							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing mine in feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-bransit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Bedresenten, Medicantes	Leyton Mi. Haisterstown		110-30% 22-12 2-30% 22-12
Fight , worthwareball	פוני. עושויסק ליבי. ישיעק		resion erro
	פוני. עושויסק ליבי. ישיעק		10/06/22/10
Fight , worthwareball	פוני. עושויסק ליבי. ישיעק		
Federate and Market			
Federate and Market		1017	

15-0020 ending physician. as the burial-transit per	0	-	m Fraes 3 Should	,
BALTIMORE, MARYLAND 2121 within 24 mours after death. Page 6 may be retained by the hospital or attriphetely filled in by the funeral director, page 5 should be detached for use cremation, or removal. went, the medical examiner must be notified at once.	60, BALTIMORE, MARYLAND 21215-0020	within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	mpletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permission or removal	ent, the medical examiner must be notified at once.

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ABAUGH CEMETERY		20a. METHOD OF DISPOSITION			_			1 6 21	-				en State
David A. Burdock Funeral Home Kitzmiller. MD 21538 23. PARYI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inflavral Between Onset and Dasth Shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease) a. ischemic heart disease Oue To (Br. As a Consecutence Or): high blood pressure DUE TO (Br. As a Consecutence Or): c. high blood pressure DUE TO (Br. As a Consecutence Or): COngestive heart failure CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 1 Linesters 2 ENDUspetiant 3 DORT of NUITY 1 VES 2 NO 22. MANNER OF PEATH 1 WORKY AT WORKY 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 Linesters 2 ENDUspetiant 3 DORT of NUITY 1 Linesters 2 ENDUspetiant 3 DORT of NUITY 1 Linesters 2 ENDUspetiant 3 DORT of NUITY 1 Linesters 2 ENDUspetiant 3 DORT of NUITY 25. MANNER OF PEATH 1 WORKY AT WO								8	1				
23. PARYI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failurs. List only one cause on each line. IMMEDIATE CAUSE (Final disease) conditions and past of the cause of the caus		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions conditions, resulting in death) a ischemic heart disease Out TO (or AS A CONSEQUENCE OF): high blood pressure Due TO (or AS A CONSEQUENCE OF): high blood pressure Due TO (or AS A CONSEQUENCE OF): congestive heart failure CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 26. WAS AN AUTOPSY PERSONS ANALABLE PRIOR TO COMPLETED CAUSE (Disease) OUT TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO 27. MANNER OF DEATH OUT OF OR AS A CONSEQUENCE OF): 1 YES 2 NO 28. PLACE OF DEATH (Check only none) 27. MANNER OF DEATH OUT OF OR SULTED CONSEQUENCE OF): 28. PLACE OF DEATH (Check only none) 29. CERTIFIER 20. LOCATION (Street and Number or Purel Route Number. 290. CERTIFIER CONCIONAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESULTS AND TIME OF PURSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESULTS AND TIME OF PURSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESULTS AND TIME OF PURSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESULTS AND TIME OF PURSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESULTS AND TIME OF PURSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TIME OF RESUL		Goved A	Burdoc	R							ıl Ho	me	
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Notice Secretary Secreta	WEDICAL	PART II. Other significant condition	but not rasulting	asulting in tha underlying cause given in Part i.			Part i.	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Notice Secretary Secreta	5					28. PL	CE OF OE	ATH (Che	ck only or	16)			
Notice Secretary Secreta	II TOICIAIN:	1 TYES 2 NO		utpetlant 3 Den			5 Ras	idenca i	0the	r (Specify)			
2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 5 Could not be detarmined 6 Could not be detarmined 7 Certifying Physician: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE DE GERTIFIER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Thomas Johnson, M.D., GMG, 311 North Fourth Street, Oakland, MD 21550 31. DATE FILEO (Month, Pay, Year) 32. REGISTERES SIGNATURE	5		28a. DATE OF INJUF (Month, Day, Yea		E OF	28c. INJU	RY AT				URY OCCU	REO	
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and piece, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF GERTIFYER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Thomas Johnson, M.D., GMG, 311 North Fourth Street, Oakland, MD 21550 31. DATE FILEO (Month, Day, Year) 32. REGISTERE'S SIGNATURE		2 Accident Investigation	2 Accident Investigation			M 1 TES 2 NO							
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Thomas Johnson, M.D., GMG, 311 North Fourth Street, Oakland, MD 21550		Thol	Msa				P	15	33-	3	1	15	193
31. DATE FILEO (Month, Pay, Year) 32. REGISTRAR'S SIGNATURE		Thomas Johnson				irth	Stre	et,	Oak	land, N	1D 2	1550	
		31. DATE FILEO (Month, Pay Year) AUG 6 1	32. REGISTRAR'S SI	GNATURE									

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	SIAIE UF I				F HEALTH		WENTAL HYGIEN REG. NO	_				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN		3	TIME OF DEATH		
Barbara Mumford	Jenkins			JEN	JKIN=	2	1,000	AY O	GEAR S	2245 "		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER t YE			7 DATE OF BIRTH		8. BIRTNPL	ACE (State or Foreign		
222-14-5233	1 🗆 M 2 💢 F	69	YRS.	MONTHS DA	WS HOURS	MIN.	Aug. 15,	923	Phila	delphia, PA		
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATI	ON OF DE			NTY OF DEA			
PENINSULA REGION	AL MEDICA	L CENTE	R	SAL	ISBURY			1	VI COM	CO		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	· ·		40. 0/7	r. TOWN OR L	00171011	- Aldollido						
Maryland Alle				ale	OCATION				- 1	Dd. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	90.719			- CO-C-C	10f. ZIP COD	-		40 017		T COUNTRY?		
721 Miller Stre	.et				2150	_				States		
11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. AR		13. WAS	DECENDENT C	OF NISPAN	IC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE -	- American Indian, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE V				YES 2 XNO				Specify:			
15. DECEDENT'S EDU	ICATION	18a DE	CEDENTIE	USUAL OCCUI	DATION		144 15415 05 511	1		rite		
(Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Gi	ve kind of w Do NOT us	vork done durin e retired.)	g most of workli	ng	16b. KIND OF BUS	SINESS/INC	DUSTRY			
12	College (1-4 or 5	' Ho	memak	rer			Homema	king				
17. FATHER'S NAME (First, Middle, Last)		<u> </u>			18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)				
Wilbur M. Mum	bord					Mari	2 Burbage					
19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow		Code)			
Bruce A. Jenkins			721 N	liller	Stree	t, Lo	avale, Mary	land	2150	02		
20e/METNOD OF DISPOSITION 1 Description 2 Cremation 3 Ren	noval from State	20b. PLACE A	ND DATE O	F DISPOSITIO	N (Name of				City or Town			
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	OCHOCK	All.	Saini	S Ceme			7/10/9\$ Any		Delawa	re		
21. SIGNATURE OF PUNENAL SERVICE LI	CENSEE	1		Par	SELL.DO	ad E (areyFuneral	Home.				
William D	· (Supe	ntee . J	· ·	307	N. Bedfo	ord S	treet, George	town,	DE 19	9947		
23. PART i. Enter the diseases, or shock, or heart failure.	complications that	ceused the de	ath. Do n	ot enter tha	mode of dy	ing, aucl	aa cardiec or respi	retory arr	rest,	Approximata Interval Between		
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. sub	orothe	wiel	Ren	rout	69	,			Onset and Death		
	DUE TO	(OR AS A CONSEC	UENCE OF	7:								
Sequentially list conditions,	b	(OR AS A CONSEC	UENCE OF	n:						-		
If any, leading to immediata cause. Enter UNDERLYING										į		
CAUSE (Disease or injury that initieted events	DUE TO	OR AS A CONSEC	UENCE OF):								
resulting in death) LAST	d											
PART ii. Other aignificant condition	ns contributing to	death but not	naulting t	n the under	lying cause	niven to	Part i. 24s. WAS AN	ALITYONAL	0.41 (0.1	ERE AUTOPSY FINDINGS		
		douth but not n	southing in	ii die dilder	lynig cause i	Sisen in	PERFOR		A	MILABLE PRIOR TO OMPLETION OF CAUSE		
							1 YES 2	□ NO		F DEATN?		
									1	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				9	8. PLACE OF D	EATH ///	ck ante ana)					
EXAMINER?	HØSPITAL:	ER/Outpatient 3	DO4	OTHER:						-		
27. MANNER OF DEATH	26s. DATE OF	INJURY	28b. TIME	E OF 28c	INJURY AT	sidence	8 Other (Specify) 28d. OESCRIBE HOW II	NJURY OC	CUREO			
1 Netural 5 Pending Investigation	(Month, D	ny, Year)	INJU		WORK?	NO						
2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route Number,												
4 Homicide detarmined	building,	etc. (Specify)					City or Town, State)					
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, der	th occurre	d at the time.	date and place	, and due	to the cause(s) and men	ner an sist	led.			
one) 2 MEDICAL EXAMINI										nd manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE						ENSE NUM				Ionth, Day, Year)		
MB	Romes	MO			11/	300	53	• '	7/7/	13		
30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	SE OF OEATH (ITEN	27) (Type,	Print)	nd -	14.	/		-1 / 1			
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNAPURE	-	- //	ru o	1001	<u>'</u>					
1111 2 0 1993	Julia Davis	Non-Mana	مالا	ο.								

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		The Paper 1 2 3 should	5
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	N: The law requires that the death certificate be executed within 2+ hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and Page 1 should be a special transition of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the state of the following the state of the following the state of the following the state of the	e fied within 1.2 hours after used in with the State user. Or negatiff and mental regiment from 10 bolish, creminatory.
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The law	O THE FUNERAL DIRECTOR: After this certificate has b	med willing 12 Hours after usedul with the State Dept.

		HEGISTRAN		CERTIFI	CATE	JE DEATH	REG. NO	D.				
		1. DECEDENT'S NAME (First, Middle, Last) ROSCOC J	ohnson				2. DATE OF DEATH MONTH		3. TIME OF DEATH 5:15AM			
		4. SOCIAL SECURITY NUMBER 2 \ 5 - 1 (6 - 3833)	_/_	yrs. last birthdey)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	HC	9e. FACILITY NAME (If not institution, give a	medical Cen		Λ.	on LOCATION OF DE	9	9c. COUNTY Balt	OF DEATH			
178	5	RESIDENCE OF DECEDENT						Pall	CITY			
)	DIRECTOR		comico		alisb							
10018	FUNERAL	10e. STREET AND NUMBER 414 Patrick A	venue			10f. ZIP CODE 2 1 8 0	2 1 8 0 1 10g. CITIZEN OF WHAT COUNTRY? U.S.					
	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FONCES? 1 S YES IF YES, GIVE WAR OR DAT	DECENDENT OF HISPAN a, specify Cuban, Mexica YES 2X PMO Specify	n, Puerto Rican, etc.)	os or No-	Black Specify: Black					
be notified at once.	COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		sual occup ork done durin retired.)	g most of working	16b. KIND OF BU					
once.	MC	17. FATHER'S NAME (First, Middle, Last)		MILII	rster		ME (First, Middle, Maider		rirea			
ato	BE C	Charles Jo	hnson				ettie Jo	,				
be notified at	6	19a. INFORMANT'S NAME (Type/Print)		1		eet and Number or Rural F			ode)			
D od		Irene Johnson	L and	414 Pa		Avenue-Sa			801			
an m		1 Donation 5 Other (Specify)	oval from State	tery crematory or oth Veterans	er place) S Ceme	etery	1		y or Town, State (Beulah) MD			
examiner		21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE		22. NAM	E AND ADDRESS OF FAC	CILITY JOOKS	uneral	Leure			
fical ex		23. PART I. Effer the diseases, or o	THORN	the death De se	917	W. Isabell	la Street-	Salisb	ury, MD 21801			
or re		IMMEDIATE CAUSE (Final	a. Sepsis	ch line.		mode of dying, sucr	n aa cardiac or reap	oiratory arres	t, Approximate Interval Between Onset and Death			
Hygiene prior to burial, cremation, or other traumatic event, the	TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	PLE A	SPIR	PATTON F	NEUMO	NIAS	>			
leath and Mental Hygiene prior to burial, cremation, we any injury, or other traumatic event, the	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A C			AKT HAI	COKE					
Menta jury,		PART II. Other significant condition	s contributing to death bu	t not requiting in	the under	biles seves store to	Part I. 24a, WAS AI					
of Health and Mental shows any injury,	MEDICAL	Peviferal Va				ying cause given in	PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO			
Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (Che	ack only one)					
the State Dept. of H	Sic	EXAMINER?	HOSPITAL: 1 Pinpetient 2 ER/Outpet		OTHER:	Home 5 🗆 Residence						
r death with th	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
afte 28	28e. PLACE OF INJURY — Al home, farm, street, factory, office 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)											
N See	COMPLE		CIAN: To the best of my knowled R: On the basis of examination						ause(a) and manner as stated.			
be filed within 72 h	Ha H	29b. SIGNATURE AND TITLE OF CERTIFIER	alle		-	D 33	IBER 785	29d. DATE S	IGNEO (Month, Day, Year)			
2 2	٩	30. HAME AND ADDRESS OF PERSON WHI	COMPLETEO CAUSE DE DEAT	TH (ITEM 27) (Type, F		DIN D CH	0	2 0	11/13			
1	3	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S SIGNAT	TURE	618	ene St.	saltiv	nore	- , MO			
100		1 001 6 11 10.7.1	TO WILL HOUSE DIVING	NI WILLIAM TO A STATE OF THE PARTY OF THE PA					U			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE C	F DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF I	DEATH	3. TIM	E OF DEATH
DEWITT	KNIGH	T			JÜLŸ	307199	3 YEAR	Soos
4. SOCIAL SECURITY NUMBER 267 38 2785	44	GE (In yrs. last birthday) 7 1 YRS.	IF UNDER 1 YE		7. DATE OF 8 (Month, Den	MATH	8. BIRTHPLACE	
90. FACILITY NAME (If not institution, give 7051 CARROLL A	street and number)			WA PARK	DEATH	9c. COI	ONTGOME	RY
RESIDENCE OF DECEDENT 100. STATE 10b. COUN MD. MON			Y, TOWN OR LO				L	NSIDE CITY
100. STREET AND NUMBER 7051 CARROLL A	ITGOMERY	TA	KOMA	101. ZIP CODE 2091	1.2		TIZEN OF WHAT O	YES 2 NO
							J.S.A.	
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 7 YE IF YES, GIVE WITH OF WWII		If you	DECENDENT OF HISP , specify Cuben, Maxi YES 2 NO Spec	can, Puerto Rican		14. RACE — Am Black, White Specify: W	, etc.
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUI	ATION most of working	16b, KIN	D OF BUSINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	POSTAL	se retired.)		U.	S. POST	OFFIC	E
17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S N UNKNOV		le, Maiden Surname)		
19e. INFORMANT'S NAME (Type/Print)	METALLIA	19b, MAILING	ADDRESS (Str	eet and Number or Rura	Il Route Number, C	City or Town, State, Z	(ip Code)	
EDITH MAY KNIC	HT	5721	GROV	ENOR LA.	ROCK	VILLE,	MD.	
20a. METHOD OF DISPOSITION 1 Burlel 24 Cremation, 3 Rei 4 Donation 5 Donate, Specify)	moval from State	20b. PLACE AND DATE (cometery, crematory or o	OF DISPOSITION ther place)		OATE	20c. LOCATION -	City or Town, Sta	7. 7.7.
21. SIGNATURE OF FUNERAL SERVICE L	CENTRE .	/	22. NAM	CARROLL	TAKO	MA FUN	ERAL HO	OME
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	IS A CONSEQUENCE OF	F): F):	. 60		Sea S		
	d							
PART II. Other algorificant condition	oc 05		-		200	NAS AN AUTOPSY PERFORMED?	AVAILA COMPI OF DE	AUTOPSY FINDIP IBLE PRIOR TO LETION OF CAUS ATH? (ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATH (Check only one)			
YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home S Residence	9 🗆 Other (Sp	ecify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea	RY 25b. TIM	IURY	INJURY AT WORK?	28d. DESCRIE	BE HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJE	URY — Al home, ferm, s Specify)	street, factory,	office		N (Street and Number wn, State)	er or Rural Route No	umber,
one)	SICIAN: To the best of my kr							nanner ee state
296. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE N			TE SIGNED (Month)	
28-	Down	-	3-	BOL	246	1	3-1-9	3
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF		Print)	n hoe	P	Seth	da	ma.
AUG 03 1993	grain Davido	IGNATURE						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Delet II GENERAL LEGISTA I

10d, INSIDE CITY VX YES 2 NO

DM

8. BIRTHPLACE (State or Foreign

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO BE COMPLETED BY FUNERAL DIRECTOR
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Sequentielly list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

that initiated events resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL

29b. SIGNATURE AND TITLE OF CERTIFIER

3 Suicide

2

4 Homicide 29a. CERTIFIER

													20	6461	
1 - STATE REGISTRAR		STATE OF I		/ DEPAR					MEI		YGIEN EG. NO.				
1. DECEDENT'S NAME (First	Middle, Last)								2.	DATE OF D				3. TIME OF DEATH	
Zoya Kar	pov								Ľ	нтном	(5 19	993	3:20	
4. SOCIAL SECURITY NUME	BER	5. SEX	. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR										6. BIRTH	IPLACE (State or Fore	
216-29-1348	1 1 M 2 1 F 63 YRS. MONTHS DAYS HOURS MIN.										930		Ukra	ine	
9a. FACILITY NAME (If not in					9b. CITY	TOWN	OR LOCATI	ON OF DE	EATH			9c. COL	UNTY OF D	EATH	
343 Friendsl	nip Ro	ad				Elkt	on					100	ril		
RESIDENCE OF DEC	CEDENT								-				_ (1/		
10a. STATE	10b. COUNTY	7		10c, CIT	Y, TOWN C	R LOCA	TION							10d, INSIDE CITY	
md	C	ecil		3	IKT	ON								LIMITS?	
100. STREET AND NUMBER						10	. ZIP COD	E				10g. CI1	TIZEN OF V	VHAT COUNTRY?	
343 Fri	cnds	hio ed				1	21921					ι	Ukraine		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE.—										- American Indian					
1 Never Married 2 X		FORCES? 1		∑ NO			ecify Cubi	m, Mexica Specifi		uerto Rican	, etc.)		Speci	c, White, atc.	
3 Widowed 4 Divo	rced						-7674.0	оросну	,.				Space	"White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Silve kind of work done during most of working								OF BUS	SINESS/IN	IDUSTRY	-				
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	ille. Do NOT u	,							Own Home			
U				•	Hous	ewii	re					UWII	Home	3	
17. FATHER'S NAME (First, M							16. MOT	HER'S NA	ME (First, Middle	, Maiden	Sumame)			
Yevdachim Ku		r					Chr	isti	na	Shev	chyl	<			
19a. INFORMANT'S NAME (7				19b. MAJLING											
Vera Zorina	- Dau	ghter	3	306 Ab	bott	Dri	ve,	Elkt	con	ı, Ma	ryla	ind 2	21921		
20a. METHOD OF DISPOSIT		comi from State	20b. PLAC	EANDDATE	OF OISPOS	ITION (N	ame of			DATE	20c. LO	CATION -	- City or To	wn, State	
4 Donation 5 D Other	(Specify)		Lomba	irdy c	emet	ery			3	3/8	Wilm	ningt	ton,	Delaware	
21. SIGNATURE OF FUNERA			()		22.	NAME A	ND ADDRE	SS OF FA	CILIT	Υ	7				
Frank C	. Maye	nayer	1 21)	3p 10	oo N	-Mu i I. Du	ואוו Pont	in : P	Fune	raı New	HOME Cas	e stle,	DF	
23. PART i. Enter the d	iseases, or o	complications the	t caused the	death. Do i	not antar									Approximat	
ahock, or h	eert fallure.	List only one cau	ise on each li	ne.				-				11 11 11 11 11		interval Be	
iMMEDIATE CAUSE (Fir disease or condition	nal -		0		2									Onset and	
resulting in death)	→	a,	La	6	Luis	4								Imont	
		DUE TO	(OR AS A CONS	SEQUENCE O	F):	1									

PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO **COMPLETION OF CAUSE**

Approximate interval Between **Onset and Death** month

1 | YES 2 | NO

EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

26. PLACE OF DEATH (Check only one)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

29c. LICENSE NUMBER 8/6/93

111 Howard 21921 Elkton,

29d. DATE SIGNED (Month, Day, Year)

Jui C. Shu, M.D. Northern Chesapeake Hospice, 31. DATE FILED (Month, Day, Year) AUG 0 9 93 32. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

DHMH-16 Rev 1/89

24275

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	MY	YEAR 3. TIME OF	F DEATN
	Aubrey T. F		r				August)12 M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last bir	.,	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPLACE (Star Country)	te or Foreign
	265-68-3876	1 🖄 M 2 🗆 F	91	YRS.	THE DAYS	HOURS MIN.	7-01-190	2	Florida	
	9a. FACILITY NAME (If not institution, give s	street and number)		96	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	- 14
OR	Calvert Men	norial H	ospital		Prin	ce Fred	lerick	C	alvert	
5	RESIDENCE OF DECEDENT						02207			
DIRECTOR	4977		1		OWN OR LOCA				10d. INSID	E CITY '8?
0	Maryland Calv	rert		St	Leonar				1 TYES	
3A	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZ	EN OF WHAT COUN	TRY?
FUNERAL	P. O. Box 147					20685		U.S.		
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME)			IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No-	14. RACE — America Black, White, atc	en Indien,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES		1 TYES	2 NO Specify			Specify: Whi	te
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade		(Give i	ind of work	JAL OCCUPATION done during mo		166. KIND OF BL	SINESS/IND	ISTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use re						
MP	Unknown		Fire	Fign	ter		Fire D		lent	
8	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Maider	Sumame)		
BE	Unknown					Unknown				
2	19a. INFORMANT'S NAME (Type/Print)						Noute Number, City or Tox			
	Denise Woodward						eonard, M			
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND cemetery, cremete Metrop				9/93 Ale:	xandri	ty or Town, State .a. Virgi	nia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	E				1 Home, 4			
	* BROW	Local					1 Home, 4, MD 2067		coomes Is	1. Rd.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF):	epte	e Myo	Cordul	Infa	One Clim	et and Death
PHYSICIAN: MEDICAL CE		es contributing to a lucking to the	- Prom	ny	Weise	ne.	PERFO	RMED?	24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES	PRIOR TO ON OF CAUSE
$\overline{0}$	EXAMINER?	HOSPITAL:			THER:	ACE OF DEATH (Che				
¥ l	1 YES 2 NO	28s. DATE OF I	ER/Outpatient 3			e 5 🗆 Residence				
ВУ РР	1 Astural 5 Pending 2 Accident Investigation	(Month, De		Bb. TIME OF	WC	PRK?	28d. DESCRIBE NOW	INJURY OCC	JRED	
	3 Suicide 8 Could not be determined	28s. PLACE Of building, s	INJURY — At home, itc. (Specify)	farm, stree	t, factory, offic		28f. LOCATION (Street City or Town, State	and Number (or Rural Route Numbe	м,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS cone) 2 MEDICAL EXAMINI						to the cause(s) and mi			er as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE AT MEAN AND ACCEPTED OF DEPENDING	ND AM	lendig "	Phy	nic.	D 194	27	29d. DATE	SIGNED (Month, Day	(. Year) 3
	30. NAME AND ADDRESS OF PERSON WI		e of DEATH (ITEM 2) Prince H			MA OOC	70			
	Anwar. Muns	hi MD 1	rince i	red	erick	MG ZU6	10			
	DA DATE EN ED MAN DE MAN	44 55555								
	31. DATE FILED (Month, Day, Year) AUG 1 1 1993	32. REGISTRAF		00				7		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	6 may be retained by the hospital or attending physician clor, page 5 should be detached for use as the bunal-train
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nust be notified at once.

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93 24276 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY MEAR 15 Jean-Baptiste Alfred Lesage August 3, 1993 QM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) June 3, 1904 TF UNDER 1 YEAR IF UNDER 24 HRS. . BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 | F 89 213-33-4056 HAIT 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Oc. COUNTY OF DEATH FUNERAL DIRECTOR Holy Cross Hospital Silver Spring Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Silver Spring Maryland Montgomery 1 YES 2 XNO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1707 Lansdowne Way 20910 Haiti 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES BY **Black** COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) 10 Customs Inspector Haitian Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alexandre Lesage Lucie Belot BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Micheline Lesage Coblentz Same as 10 30-METHOD OF DISPOSITION
ABurial 2 Cremetton 3 Removal from Stata
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata Gate of Heaven Cemetery 8-9 Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. llen 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition das resulting in death) week inar PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) OTHER: Impetient 2 - ER/Outpetient 3 - DOA ▲ □ Nursing Home 5 □ Residence 8 □ Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and menner as stated.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

A REGISTIANTS SIGNATURE

29d, DATE SIGNEO (Month, Day, Year)

- STATE REGISTRAR				OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)		93-172) RO	BERT	L. LYNCH	2. DATE OF DEATH MONTH D	199	3. TIME OF DEATH 93 3:03 A
219-86-1724	XX#2 - F	AGE (In yrs. last birthday) 23 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 7.00 19 7) Wa	BIRTHPLACE (State or Foreign Country) AShington, D. C
a. FACILITY NAME (If not institution, give		AMENITE		TOWN OR LOCATION OF DE	ATH	9c. COUNTY	
FRIF STREET RESIDENCE OF DECEDENT DB. STATE 10b. COUNT		AVENUE		ADELPHI		I PRII	NCE GEORGE
	e George's		ry, town on elphi	LOCATION			10d. INSIDE CITY LIMITS? 12XYES 2 NO
oe. STREET AND NUMBER 2003 Erie Street	#104		(7)	101. ZIP CODE			OF WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. W	20783 AS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		ed States
Married 2 Married	FORCES? 1 [YES 24 NO	11	yes, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: Spanish
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATION uring most of working	16b. KIND OF BU	SINESS/INDUST	TRY
Elementary/Secondary (0-12) 12 years	2 years	self e		red	clothi	ng bus	siness
7. FATHER'S NAME (First, Middle, Last) Robert Lawrence	Timoh Cr				ME (First, Middle, Maiden	Surname)	
9a. INFORMANT'S NAME (Type/Print)	Lynar, St.		ADDRESS (Mariana (Street and Number or Rural I		rn, State, Zip Coo	de)
Mariana Matthews				ar Turn Lan			
Reproduction 1 Donation 1 Donation 2 Cremation 3 Reproduction 5 Other (Specify)	ovat from State	20b. PLACE AND DATE		ton Cemeter	DATE 20c. LO	CATION — City	or Yown, State
H. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	A.	22. N	AME AND ADDRESS OF FA	giuty	aetpri	, Maryland
1 (Do 1884	Shaw.	de	44	naid v. <u>Bor</u> On Powder M	ill Rd Re	eral H	lome, P.A. le, Md. 2070
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (O	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF	P):				
PART II. Other algnificent condition	na contributing to de	eath but not resulting	In the und	erlying ceuse given in			24b. WERE AUTOPSY FINDING
					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (Ch	eck only one)		
1 ∑ YES 2 ☐ NO	1 - Inpatient 2 - E	R/Outpatient 3 DOA		ng nome 5 🗆 Residence		-	G LOT DRIVE
1 Netural 5 Pending	28e. DATE OF IN (Month, Day,	Year) IN-	30 ^M A	1 YES 25 NO	28d. DESCRIBE HOW STIR	JECT S	
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF building, at	INJURY — At home, term, c. (Specify)			281. LOCATION (Street City or Town, State) ADELPHI	and Number or F	Rural Route Number,
				ne, data and place, and dua			ause(a) and menner as stated.
2 MEDICAL EXAMINI							
SUBJECTIONS AND TITLE OF CENTIME	folls,	tal		OCM		29d. DATE SI	GNED (Month, Day, Year) 2 1.993
2 DEDICAL EXAMINI	toll				E	8	2 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

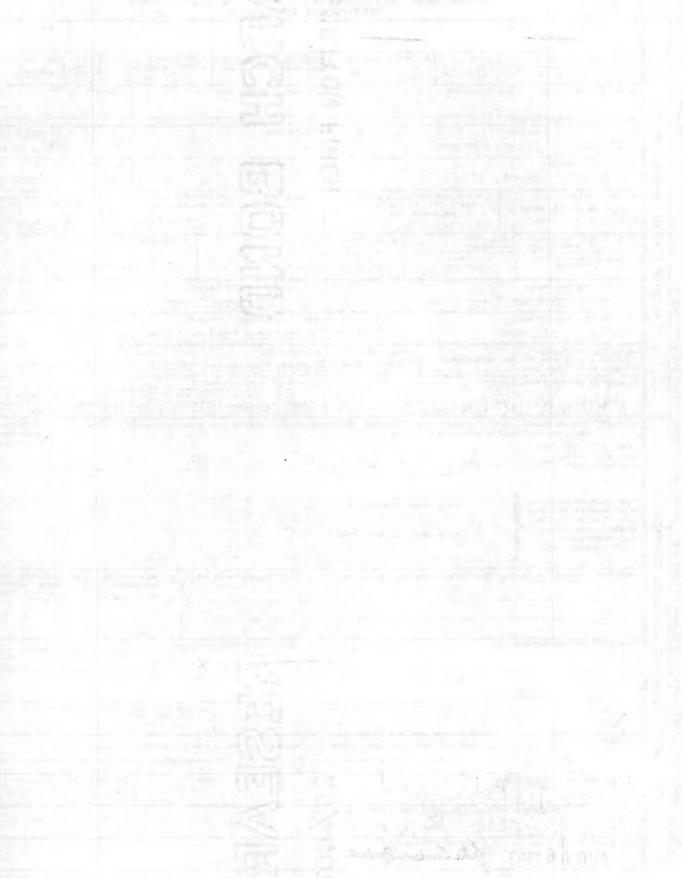
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Lest)

93	24278
YEAR	3. TIME OF DEATH
93	0943

## A SOCAL SECRIFIT NAMES IN A CASE APER ADDRESS AS A CASE OF PT. SUR SUR SUR SUR SUR SUR SUR SUR SUR SUR		1. DECEDENT'S NAME (First, Middle, Las	st)					8.77		2. DATE OF DEATH	MAY	YEAR	3. TIME OF DEATH
239-24-6792 RDQN 2 F 71 VY8. Some local blooms local local control of the contr			ERLE LEN	NON			- le		12	08-04-	-1993	3	0943
SA PACILITY MAME for for institutions, give steep and number) 3002 Hickoryinede Drive RESIDENCE OF DECEDENT 100-STATE						7				7. DATE OF BIRTH (Month, Day, Year) 1 0 - 2 3 - 1	921	Country)	
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TO. STREET AND NUMBER 9785 Longview Drive 12. Nes December even in Us. Anneo Process 1 12/ Yes 2 100 If yes, specify Cuber Medicine, Particle Research Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE WER DATES 1. Near December view in Us. Anneo Pres, GIVE VIEW VIII 1. Near December view in Us. Anneo Pres, GIVE VIEW DATES 1. Near December view in Us. Anneo Pres, GIVE VIEW DATES 1. Near December view in Us. Anneo Pres, GIVE VIEW DATES 1. Near December view in Us. Anneo Pres, GIVE VIEW VIII 1. Near December view in Us. Anneo Pres, GIVE VIEW VIII VIEW VIII VIEW VIII Pres, GIVE VIEW VIII VIEW VIII VIEW VIII VIEW VIII VIEW VIII VIEW VIII VIEW VIII VIII	DIE	Maryland How	ard Coun	ntv	E1	1ico	ot.t.	City	7				LIMITS?
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Wellie Jackson Lennon Joe Jackson Jac	ВУ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	YES 2 WAR OR DATES		1	f yes, sp	ENDENT OF	HISPAN Mexicai	n, Puerto Rican, etc.)	-	14. RACE - Black, Specify	White, atc.
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196. INFORMANT'S NAME (TyperPrint) 196. INFORMANT'S NAME (TyperPrint) 196. INFORMANT'S NAME (TyperPrint) 197. Mailing address (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 3002 Hickorymede Dr., Ellicott City, MD 2 206. METHOD FORESTION 1 Burlet 2 Cremation 3 Removal from State 4 Donation & Capital Removal from State 206. PLACE AND DATE OF DISPOSITION Name of contemplacy or order placy 127. NAME AND ADDRESS (Street and Number of Rural Route Number of City or Rown, State) 228. METHOD ROUTE (SAPACOMD CITY) 229. NAME AND ADDRESS (Street and Number of Rural Route Number of City or Rown, State) 220. LOCATION — City or Town, State 220. LOCATION — City or Town, State 221. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 222. NAME AND ADDRESS (Street and Number of Rural Route Number of Rural Rural Route Number of Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Ru	ш	Wellie Jac	kson Len	non					M	ary Norm	ıa		
20. METHOD OF DISPOSITION 20. PLACE AND DATE OF DISPOSITION 1					9b. MAILING	ADDRESS	(Street	and Number or				p Code)	
20e. METHOD OF DISPOSITION 1 BURLET 2 Cremetton 3 Ramovel from Sub- 4 Donation CCPOther (SENDLOMDINE ALL OMDIN	ĭ	Mr. J. Dan Le	nnon	3	002	Hic!	kor	vmede	D	r. Ellic	ott	Cita	MD 210
MO0535 Slack Funeral Home, P.A. Ellicott City, Maryland 21043 Approximation in the caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, interval Black interval Black in the cause of the ca	П		amovat from Sala	20b. PLACE	AND DATE	OF DISPOS	ITION/Ne	ame of					
Slack Funeral Home, P.A. Ellicott City, Maryland 21043 Approximation abook, or heert failure. List only one cause on each line. MMEDIATE CAUSE (Final disease). Due to (or as a consequence of): Due to (or a				_ 2res	tlaw						Mar	criot	tsville
Approximation interval B. Note: The diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, ahock, or heart failure. List only one cause on each line. Note: The diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, interval B. Onset and the substitution of the diseases. Do not enter the mode of dying, such as cardiac or respiratory strest, interval B. Onset and the substitution of the su		plundelle	- Sleet	Parameter .		5 5	S1a E11	ck Fu	ine	ral Home	vlar	nd 21	043
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A		ahock, or heert failur IMMEDIATE CAUSE (Final	or complications the List only one can	et caused the deuse on each line	eath. Do	not enter	the mo	ds of dying	, such	n aa cardisc or resp	piratory sn	rest,	Approximats interval Betwee Onset and De
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):		resulting in death)	· Lu	ing Co	nces								10 41
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 1 YES 2 INO 1 YES 3 IN		TO STATE OF THE ST	DUE TO	OR AS A CONSE	EOUENCE O	F):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 1 1 YES 2 1 1 YES 2 1	Z	Sequentially list conditions	b										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 1 YES 2 1 1 YES 2 1 1 YES 2 1	ATIC	If any, isading to immediate	DUE TO	O (OR AS A CONSE	EOUENCE O	F):							
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PERFORMED? 1 YES 2 NO PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 1	S												
	DICAL		ions contributing to	o death but not	resulting	in the un	derlyin	g cause giv	en in	PERFO	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
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EXAMINER? Continue	AN	25 WAS CASE BEEFERDED TO MEDICAL	_					105 05 55	T11 40:				
1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	2	EXAMINER?	HOSPITAL:				₹:						
T 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED	₹	27. MANNER OF DEATH			_				dence				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTION: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If I item 28 is marked, or item 23 shows DIVISION OF VITAL REC

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural
2 Accident

6 Could not be determined

28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

occurred at the time, date end place, end due to the cause(e) end menner as atated.

tigation, in my opinion, death occured at the time, data end place, and due to the cause(e) end menner ee stated.

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29b. SIGNATURE AND TITLE OF CERTIFIER PLETED CAUSE OF DEATH (ITEM 27) (Type, Prin

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

ALIG 0 6 '93

3 Suicide

4 Nomicide 29a, CERTIFIER

32 REGISTRAN'S SIGNATURE Junia Laurdson-Mandall

BY

BE COMPLETED

2

REG. NO

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SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by th	continued he the offending physician and completely filled in he the finance of the desired to desired a
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

E. MARYLAND 21215-0020

FOR STATE REGISTRAR

1

1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATN 3. TIME OF DEATH Marvin Loyd Lee MARVIN LE L 12 07 AM 3 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 6. BIRTNPLACE (State or Foreign Ш DAYS 1 X M 2 - F 231-24-7998 65 Sept. 6, 1927 Virginia 5 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 0 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland ō Montgomery Rockville 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? II) transit 11317 Schuylkill Road 20852 U.S.A. 5 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. H 1 Never Married 2 X Married 山 BY 3 Widowed 4 Divorced Korea white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete M 16b. KIND OF BUSINESS/INDUSTRY X Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Police Officer Metro Police Department once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Omary Lee Eva G. Whitlow BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary M. Lee same as #10 pe 20a. METNOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parklawn Memorial Park Donation 5 - Other (Specify) 8/3 Rockville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20877 cremation, or removal. 23. PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, the medical Approximate intervai Between IMMEDIATE CAUSE (FINE Onset and Death diseese or condition item 23 shows any injury, or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) The attending physician and con Mental Hygiene prior to burial. CERTIFICATION Sequentielly list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? RELEASED 1 VES 2 MA 26. PLACE OF DEATN (Check only one) State HOSPITAL OTHER: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 - Rasidence 6 - Other (Specify) 10 4 I Nursing N the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked. this c HOSPITAL OR ATTENDING PHY 1 Natural 5 Pending investigation DIRECTOR: After the hours after death w 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 28 4 Nomicide item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 has IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of exa mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE Vm 4 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1993 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DNMN-16 Ray 1/89

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4	2	=
	10	6
	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TOR: After this certificate has been signed by the attending physician and completely filled in by the
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	REGISTRAR	CE	ERTIFICA	TE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I			3. TIME OF DEATH
- 1	Doris Gladys La	very				Aug	. 6DAY	1993	8:46 A
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (in yrs. les	t histories IE 18	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			HPLACE (State or Foreign
	371-50-2841 1 m =		YRS. MONT		HOURS MIN.	(Month, De	27, 190	08 Mic	o). higan
	Se. FACILITY NAME (If not institution, give street and nur	mber)	9b. (SITY, TOWN O	OR LOCATION OF DE			County of the Char	
NO.	Charles County Nur	sing Home		La	Plata			Char	les
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY								
뿐			10c. CITY, TOV						10d. INSIDE CITY LIMITS?
	Maryland Charles		La	Plata					1 YES 2 NO
FUNERAL	16 Quailwood Parkway			101	20646		101	USA	WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS D	DECEDENT EVER IN U.S. AR	MED T	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Si	sectly Yes or N	14. BAC	F — American Indian
BY F		ES? 1 YES 2 6	0	If yes, sp	ecify Cuban, Mexica 2 NO Specify	in, Puerto Ricar		Blec	E — American Indian, k, White, etc. #y: 1te
0	16. DECEDENT'S EDUCATION	16a. DE	CEDENT'S USUA	L OCCUPATION	ON .	18b. KIN	D OF BUSINES		
H	(Specify only highest grade completed) Elementary/Secondary (0-12) College	(G life.	ive kind of work di Do NOT use retin	one during mo ed.)	st of working	- C-11			
COMPLETED	12		lousewif	e			Home		
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
ш	Fred Jones				Matil	da Sop	hia Si	bert.	
8	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING ADDI	IESS (Street a	nd Number or Rural I	Route Number, C	ity or Town, Ste	ite, Zip Code)	
임	Winona J. Van Y uren	1	6 Quail	.wood	Parkway,	La Pl	ata, M	ld. 206	46
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from 5	20b. PLACE	AND DATE OF DIS	POSITION (Na	rme of	OATE		ON — City or To	own, State
1 3	4 Donation 5 Other (Specify)	Trini	Ty Memo	rial	Gardens	8-10	Waldo	rf, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Mouski	∇	22. NAME AN	D ADDRESS OF FA	CILITY			
	Benjamin Matthe	ews M00658	_		tt Fune			~ £ M	2 20604
	23. PART I. Enter the diseases, or complicati		eth Do not er						d. 20604
	shock, or heart failure. List only	ona cause on aach lina		ner tra mo	de or dying, suc	in as cardiac	or respirato	ry arrest,	Approximate Interval Between
i i	IMMEDIATE CAUSE (Final disease or condition	/	Ite 1	30, 11	10				Onset and Death
	resulting in death)	ancer of	0	rase					
		DUE TO (OR AS A CONSEC	QUENCE (OF):						
CERTIFICATION	Sequentially list conditions, b.	OUE TO (OR AS A CONSEC	DUENCE OF:	_					
TA	if any, leading to immediate cause. Enter UNDERLYING								×
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):						+
듄	resulting in death) LAST								ļ
	DART II Oshara Isaa Maraa Aaraa Maraa								
DICAL	PART ii. Other significant conditions contribu	iting to death but not r	esulting in tha	underlying	g cause given in	Part i. 24a	PERFORMED		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						10	YES 2 1	10	COMPLETION OF CAUSE OF DEATH?
M						_			1 TYES 2 NO
ÿ									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	rai ·	OTI		ACE OF DEATH (Ch	eck only one)			
IS	1 TES 2 NO 1 Inpat	ient 2 - ER/Outpatient 3		IER: Nursing Hom	e 5 🗆 Residence	8 Other (Sp	ectfy)		
표		DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJ WO	URY AT	28d. DESCRIE	BE HOW INJUR	Y OCCURED	
B≼	1 Natural 5 Pending 2 Accident Investigation			1 0	YES 2 NO				
E		PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street,	factory, offic		28f. LOCATIO City or To	N (Street and N	umber or Rural	Route Number,
	4 Homicide determined						,		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, de	ath occurred at t	he time, date	and place, and due	to the cause(s	and manner	es stated.	
NO	one) 2 MEDICAL EXAMINER: On the b								a) and manner as stated.
ВСС	29b. SIGNATURE AND TITLE OF CERTIFIER	LA			29c. LICENSE NUM				(Month, Day, Year)
8	M. W. W. leep	May In			Daima	21		8/4/9	7 3
_ "					1/2/10:) I		401	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF DEATH (ITE	M 27) (Type, Print)						
2	30. NAMÉ AND ADDRESS OF PERSON WHO COMPLET Dr. Michael A. Lea	therwood,	P. O.	Box	249, W	Valdor	f, Mo	206	04

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH DA	V VEAD	3. TIME OF DEATH
LELAND GLENDY	LARRIMO	ORE			8 9 DA	1993 YEAR	7:55AM M
4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8 BIRT	HPLACE (State or Foreign
210 10 0010 1		72 YRS.	MONTHS DAYS	HOURS MIN.	12-22-19		aryland
9a. FACILITY NAME (If not institution, give street 29411 Corbin Pa RESIDENCE OF DECEDENT 10a. STATE Maryland Talbo			East	OR LOCATION OF DE	АТН	Talbo	
10a. STATE Maryland Talbo	t		y, town or locates	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 29411 Corbin P 11. MARITAL STATUS 1 Never Married 27 Married 3 Widowed 4 Divorced	arkway		101	21601		10g. CITIZEN OF USA	WHAT COUNTRY?
	WAS OECEOENT EVER FORCES? 1XXYES IF YES, GIVE WAR OR		If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No— 14. RAC Bloc Spe	E — American Indian, ck, Whita, etc. city: White
15. OECEOENT'S EOUCATIK (Specify only highest grade com Elementary/Secondary (0-12) 3 17. FATHER'S NAME (First, Middle, Last)	ON pleted) oflege (1-4 or 5+)	(Give kind of a life. Do NOT us	usual occupation work done during mose retired.)	st of working	166. KIND OF BUS	nsit Oi	1
	e	107			ME (First, Middle, Maiden ie Marie		
190. INFORMANT'S NAME (Type/Print) Jacqueline M. W	esterfie	196. MAILING	ADDRESS (Street of 1 Corb.	in Park	Route Number, City or Town	n, State, Zip Code)	21601
20a. METHOO OF DISPOSITION X Burial 2 Cremation 3 Removat 4 Donation 5 Other (Specify)	from State	ob. PLACE ANO OAT	e of oisposition or other place ran Cer	_{(Name}	8-12 Bet	cation - City or 1	
21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME A	ND ADDRESS OF FA	CILITY		
JOHN R. M	ERCERON	(ESP			ral Home, ison St.		n. MD 2160
shock, or heart fellure. Liet IMMEDIATE CAUSE (Fine) disease or condition resulting in daeth) Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	OF):	is of the	he liv	ez_	Interval Between Onset end Daeth
resulting in death) LAST PART II. Other significent conditions or				a cause alven in	Part I. 24s. WAS AN	ALITOPSY 24	b, WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 25 NO 11 27. MANUER OF DEATH	evere CH	hes	1 18 Sus		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES: 2 NO
	OSPITAL:	4-W-1 0 - 001	OTHER:	LACE OF OEATH CA			
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
2 Sulaide	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, term, pecify)	strest, factory, offic	00	26t. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,
4 Gould not be determined 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: C							(a) end manner se stated.
296 SIGNATURE AND TITLE OF CERTIFIER	dowla	int	r()	29c. LICENSE NU D6 2	MBEH	29d. DATE SIGNE	60 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF I	PLIMD	50°	2 IPLE	WILD AND	ugus	7-1601

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funeral (ours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ann 20 to marked or them 22 shows any taken as other transmits areast the median areas in a settled at an
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31. DATE FILED (Month, Day, Year)
AUG 6 '93

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

542 WASHINGTON ROAD

WESTMINSTER MO

	FOR 1 STATE	STATE OF MARYLAND	/ DEPAR	RTMENT OF	HEALTH A	ND MEN	TAL HYGIEN		93	24282
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) EDWALD	DAVID	ERTIF	ICATE O	F DEATH	2. D.	REG. NO	AY .	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I			IF UNDER 24 H	_	TE OF BIRTH		93	0929 "
	212-38-6953	1 M 2 □ F 56	YRS.	MONTHS DAYS		IIN.	28-193	6	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOW	OR LOCATION		173		TY OF DEAT	
DIRECTOR	Carroll Co. Gen. F	lospital		Westm	inster			Car	roll	
2	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOC	ATION				10	d. INSIDE CITY
H	Maryland Carrol	1	1	Westmi	nster				1	LIMITS?
AL	10e. STREET AND NUMBER				of, ZIP CODE			10g. CITIZ		T COUNTRY?
FUNERAL	551 Washington F	Rd.			21157				U.S.	A.
5	11. MARITAL STATUS 1 M Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED	13. WAS D	ECENDENT OF H	ISPANIC OR	IGIN? (Specify Yes	or No-	14. RACE -	American Indian, hite, etc.
BY	3 Wildowed 4 Divorced	1955 GIVE WAR OF DATES		1 🗆 Y	S 2 NO S	Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	hite
9	15. DECEDENT'S EDUC		ECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BU	SINESS/INDL		пте
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during are retired.)	nost of working					
COMPLETED	12	4A1	idito	r			State	Of Ma	rylan	d
	17. FATHER'S NAME (First, Middle, Last)						st, Middle, Maiden	,		
BE	Charles Robert I						erine K			
2	C. Robert Lynch						lumber, City or Tow			
	20a METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo		-	OF DISPOSITION		7			aty or Town,	Charles
	1 Donation 5 Other (Specify)	wal from State cametery, c		dral Ce					more,	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME	AND ADDRESS C	OF FACILITY				
	1. Hart	Elha Ox		Eckh 1160	ardt Fu	neral	Chapel	Oudma	- M47	ls, MD. 21
	23. PART I. Enter the diseeses, or co	omplications that caused the d	leath. Do							Approximate
	ehock, or heart feliure. L IMMEDIATE CAUSE (Finel	let only one couse on each lin	10.							interval Between Onset and Death
	disease or condition resulting in death)	VENTRICULA	AR F	ibrilla	how					
		DUE TO (OR AS A CONS	EQUENCE O	F):						
NO	Sequentially list conditions.	Atheas clac			cocolar	DWE	DI 4			
ATI	If any, leading to immediate cause, Enter UNDERLYING	HYPERIEN SI		F):						
ERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI		F):						
H	resulting in deeth) LAST	l.								
O	PART II. Other significent conditions	contributing to death but not	regulting	in the underly	na sauce alue	n in Dani i	Tax. 1100 cm		T	
<u>8</u>	SIP AAA cond	iliac coneveyor	Res	AIL 1	12/42	n in Part i	PERFOR	MED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
	Peri operative	m.1. 12 2/02					1 🗌 YES 2	NO	OF	DEATH?
Σ	DEDUGATION (obesily, hyper	choles	teralan	101				1 [YES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATI	H (Check only	y one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 XDOA	OTHER: 4 - Nursing He	me 5 🗆 Reside	ince 8 🗆 O	ther (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	JURY AT		OESCRIBE HOW I	NJURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	NIV-		M 1	YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, tarm,	street, fectory, of	ica	281, L	OCATION (Street a City or Town, State)	nd Number o	or Rural Route	Number,
COMPLETED	and organization of		11-2-1-21							
MP	(Check only	ZIAN: To the best of my knowledge, d								
	29b. SIGNATURE AND TITLE OF CERTIFIER			en, in my opinion			sens and place, an			
BE.	Coluin Coluin	~~			D31				SIGNED (MG	onth, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
FENDING	DR: Afte.	fter deat	E si s
TA A	DIRECT	ours at	lem 2
TAL	RAL	2	Ξ
HOSPITAL (FUNERAL	within 72 1	TANT: IF
THE HOSPITAL (THE FUNERAL	fled within 72 I	PORTANT: If I

31. DATE FILED (Month, Day, Year) AUG 0 2 1993

REGISTRAR 1. DEGEDEAT'S NAME (First, Middle, Last)	1	CERTIFI	CATE OF DEATH		REG. NO.			TIME OF DEATH
JOSEPHINE	HGI	NES	MURRIE	O'7	2 - 29.	- 93	YEAR	1730 A.
4. SOCIAL SECURITY NUMBER 489-01-2077	/ /		# UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Mon	OF BIRTH ith, Day, Year) Z7 -/2		Country)	ACE (State or Foreign
Sa, FACILITY NAME (If not institution) give s ALLIAGE HILL WESIDENCE OF DECEDENT	NURSING	CENTRAL	SILVER SPLIT	VG	5	Mer.		nery
THIRT LINE	ONTGOMERY		TOWN OR LOCATION ENSINGTON					Id. IHSIDE CITY LIMITS?
3421 PLYERS 1	MILL ROAD		101. ZIP CODE	895	1	USA	N OF WHA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto	N? (Specify Yes or Rican, etc.)	No- 14	RACE — Black, V Specify:	American Indian, filta, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of we	USUAL OCCUPATION ork done during most of working retired.)	16	U.S. G			
17. FATHER'S HAME (First, Middle, Last) N/A				AME (First,	Middle, Malden Sur	name)		
19a. IHFORMANT'S HAME (Type/Print)			ADDRESS (Street and Number or Rural					
MICHAEL J. MURR			POOKS HILL ROAL), #7				
20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Rem Donation 5 Other (Specify)	oval from Stata	ob. PLACE AND DATE OF emetery, cremetory or oth GATE OF	F DISPOSITION (Name of HEAVEN CEMETER)	7 7/3	TE 20c. LOCAT			Stata IG, MD
21. SIGNATURE OF TUNERAL SERVICE LIC				- 11-	T DI		AT TOTAL	,
Mach L.	Villel	4	22. MAME AND ADDRESS OF F FRANCIS J. (500 UNIVERS)	ACILITY COL.I. I	NS FINE	RAT. F	HOME	TNC
23. PART I. Enter the diseases, or cabook or heart failure	Complications that cause	ed the death. Do no	22. NAME AND ADDRESS OF F FRANCIS J. (500 UNIVERS)	COLLI LTY E	NS FUNE	RAL H	HOME,	INC. SP., MD 20
immediate cause (Final disease or condition	Complications that cause	ed the death. Do no	22. NAME AND ADDRESS OF F FRANCIS J. (500 UNIVERS)	COLLI LTY E	NS FUNE	RAL H	HOME,	INC. SP., MD 20 Approximate interval Between
immediate cause (Final	complications that caus List only one cause on a. Pull	eed the death. Do not eech line.	22. NAME AND ADDRESS OF F FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI CTY E	NS FUNE LVD., W	RAL H	HOME,	INC. SP., MD 20 Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on DUE TO (OR AS	ed the death. Do not each line.	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI CTY E	NS FUNE LVD., W	RAL H	HOME,	INC. SP., MD 20 Approximate interval Between
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications that cause List only one cause on DUE TO (OR AS	eed the death. Do not eech line.	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI CTY E	NS FUNE LVD., W	RAL H	HOME,	INC. SP., MD 20 Approximate interval Between
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS DUE TO (OR AS C. A)	ed the death. Do not each line.	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI CTY E	NS FUNE LVD., W	RAL H	HOME,	INC. SP., MD 20 Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	a CONSEQUENCE OF	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI	NS FUNE BLVD., W	RAL F	HOME,	INC. SP., MD 20 Approximate interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS	a CONSEQUENCE OF	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI	NS FUNE. BLVD., W rdiac or respirat	RAL F., SI	HOME, SIL. S	INC. SP., MD 20 Approximate interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	a CONSEQUENCE OF	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) of enter the mode of dying, au	COLLI	NS FUNE. BLVD., W rdiac or respirat	RAL F., SI	HOME, IL. S	INC. SP., MD 20 Approximata interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	a consequence of but not resulting in	22. NAME AND ADDRESS OF F FRANCIS J. (500 UNIVERS) of enter the mode of dying, au in the underlying cause given in 28. PLACE OF DEATH (COTHER:	COLLITY E	NS FUNE. BLVD., W rdiac or reapirat 24a. WAS AN AU PERFORME 1 YES 2	RAL F., SI	HOME, IL. S	INC. SP., MD 20 Approximata interval Betweer Onset and Death Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANHER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DU	ed the death. Do not each line. A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the second of the second o	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) Dot enter the mode of dying, au The interpolation of the underlying cause given in 28. PLACE OF DEATH (COTHER: 4 (D. Mirsing Home 5 Residence OF 28c. HJURY AT	Part i.	NS FUNE. BLVD., W rdiac or reapirat 24a. WAS AN AU PERFORME 1 YES 2	RAL F., SI	24b. Wf	INC. SP., MD 20 Approximata interval Between Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MAHHER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	a CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) Dot enter the mode of dying, au The interpolation of the underlying cause given in the underlying cause	COLLITY COLLITY E	24a. WAS AN AUPERFORME 1 YES 2	RAL F., SI	Z4b. Wf AM COP	INC. SP., MD 20 Approximata interval Between Onset and Death Onset and Death REAUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART til. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MAHHER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS	but not resulting in stpetient 3 DOA 28b. Time HJU RY — At home, farm, st pecify)	22. NAME AND ADDRESS OF FRANCIS J. (500 UNIVERS) Dot enter the mode of dying, au The interpolation of the underlying cause given in the underlying cause	COLLITY COLLITY Ch as case Ch	24a. WAS AN AU PERFORME 1 YES 2	RAL F., SI ory arrea	24b. WI AM CC DF	INC. P., MD 20 Approximata interval Betweer Onset and Deatl Onset and Deatl ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 8805 CMM.

1 - STATE REGISTRAR			FOR
	1	-	STATE REGISTRAR

1 - STATE REGISTRAR		SIAIE UF N	MARYL					HEALTH		MENTA	L HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)							D L M		2. DATE	OF DEATH			3. TIME OF DEATH
Dorothy I	Rae Mc	Dargh								MONT	H DA		YEAR	
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (/	n yrs. last t	hirthday)	IE LIMIT	ER t YEAR	IF UNDER	24 4000		ust 5,	199		11:30A M
284-03-133	2 0	1 ☐ M 2√√F			YRS.	MONTH	-	HOURS	MIN.		h, Day, Year)		Count	y)
9a. FACILITY NAME (If not in				77		A) 00					. 9, 1			nsylvania
4400 East-	-West		#508	3			ethes	on Location	ON OF DE	ATH			taom	
RESIDENCE OF DEC	10b. COUNT	v			10. CIT	v mana	OR LOCA	21041						
		•			IUC. CIT	t, IOWN	T OH LOCA	IION						10d. INSIDE CITY LIMITS?
Maryland		gomery			Bet	thes								1 TES 2XX NO
_ 4400 East-		Highway	#500				10	r. ZIP CODI	814					States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMI		10	3. WAS DE			IIC ORIGI	17 (Specify Yes			- American Indian,
1 Never Married 2 3 Widowed 4XXDivo		FORCES? 1			1		If yes, s		n, Maxicai	n, Puerto	Rican, etc.)		Speci	c, White, atc.
	EDENT'S EDU			16a. OECE	EDENT'S	USUAL	OCCUPATI	ON		16b	KIND OF BUS	INESS/INC	DUSTRY	***************************************
Elementary/Secondary (C		College (1-4 or 5 a	,	life. D	o NOT us	work don	e during m (.)	ost of working	g					
		2		Se	cret	arv	7			III	nited S	State	26 66	nate
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTH	ER'S NAI		Middle, Maiden S		23 00	inacc
Forrest W.	Tavl	or										,		
19a. INFORMANT'S NAME (<u> </u>		19h	MAII ING	ADDRE	ec /Stmat				Anderso		o Conto	
Francis J.				- 1										
20e. METHOD OF DISPOSIT		an							venu		#340N,			
1 Donation 5 Other	on 3 🗆 Rem	oval from Stata	ceme	sterv. creme	atory or of	ther place	OSITION (N e)						City or To	
21. SIGNATURE OF FUNERA		ENCER	L	akew	ood	Par	k Ce	meter	<u>ry</u> 8	/9/9	3 Rock	Riv	er,	Ohio
100	:15	N. M.		· MO	വളവദ	H	Iome/	Bethe	esda-	-Che	vy Chas	se,]	Inc.	rey Funeral 7557
23. PART I. Enter the di	iseeses, or	complications the					11SCO	nsin	Aver	iue,	Bethes	sda,	Mary	
IMMEDIATE CAUSE (Fir disease or condition	eart fallure.	List only one ceu	se ontea	ich line.			Cance		ng, suci	1 es cert	nac or respir	atory an	reat,	Approximate Interval Between Onset and Death
resulting in death)	-	*	140	CONSEOU										3 Years
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	diate	b DUE TO	(OR AS A	CONSEQU	ENCE OF	T):						-		
CAUSE (Disease or Inju- that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEQU	ENCE OF	÷):							-	
		0.												
PART II. Other algnifice	ont condition	na contributing to	deeth bu	it not res	uiting i	n the t	underlyln	g cause g	iven in i	Part I.	24a. WAS AN A PERFORM	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										-				1 TES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL						26. P	LACE OF DE	EATH (Che	ck only on	ne)			
EXAMINER?		HOSPITAL:	FR/Outpu	tiont 3	DOA	OTHE	ER:	10 5X Ra						
27. MANNER OF DEATH		28a. OATE OF			28b. TIMI		-	URY AT	aldence		CRIBE HOW IN	JURY OC	CHIRED	
	Pending Investigation	(Month, Di			INJ	M	1 🗆	YES 2	NO				OUNED	
	Could not be determined	28e. PLACE O building,	FINJURY - etc. (Special	— At home	, farm, s	treet, fa	etory, offic	a			ATION (Street ar or Town, State)	nd Number	or Rural R	oute Number,
		CIAN: To the best of R: On the bests of as												and manner as stated.
29b. SIGNATURE AND TITLE			7	4					NSE NUM					(Month, Day, Year)
	. /	1111	n	U	1			7	33.	293		1	7-5	-93
30. NAME AND ADDRESS OF	V	. 170												
Frederick P		h, M.D.	540.	1 Wes	ster	n A	venu	e, N.	W.,	Wash	ningtor	1, D.	С.	20015-2998
AUG 0		32 AEGISTA	H'S SIGNA	- North	لملك	1								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	should
	3
	N
	-
	Pages
	permit.
physician.	burial-transit
ding	the

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA		JEAN	MAC	K	A WOUST	7 7 1993	YEAR 9:09 P
	21, 00 01/0	5. SEX	8. AGE (in yrs. last birthday) 19 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea APRTI, 2	(r)	B. BIRTHPLACE (State or Foreign Country) WASHINGTON D.C.
DIRECTOR	PHYSICIANS MEMORIA	AL HOSPI	TAL	PLA PLA	or location of d ΓA			Y OF DEATH
5	RESIDENCE OF DECEDENT							
#	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND CHARL	ES	PO	MONKEY				1 TYES 2 THO
A	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	ROUTE #1 BOX 84X	10. W.O. DEGEOGRA	T EVER IN U.S. ARMED		20640		UNIT	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	If yes, s		NIC ORIGIN? (Specifien, Puerto Rican, etc.	y Yes or No	4. RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF	BUSINESS/INDU	
<u></u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5		work done during m se retired.)	ost of working			
립		YEARS	INSPEC	TOD		DDT	VATE	
8	17. FATHER'S NAME (First, Middle, Last)	111/1/10		ION	18 MOTHER'S NA	ME (First, Middle, Ma		
Ö	LEROY ROBERT MACK						,	
BE	19e. INFORMANT'S NAME (Type/Print)					ADYS JOH		
2						Route Number, City or		
	MARY GLADYS MACK							AND 20640
	26e_METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 🗆 Remo-	rel from State	20b. PLACE AND DATE of cemetery, crematory or of		eme of	OATE 200	LOCATION — CI	ty or Town, State
	4 Donation 5 Other (Specify)		- ST. CHARL	ES CEME	ERY 8/1	21/43 G	LYMONT.	MARYI AND
	21. SIGNATURE OF FUNERAL SERVICE LICE	printed	Japason	22. NAME A	NO ADDRESS OF FA	NERAL HO	ME	
- 1	LYDIA C. THORN		SON MO0583		1 BOX 11	5 TNDTAN	HEAD	MARYLAND 20640
	23. PART I. Entar the diseases, pr co shock, or haert feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cau	on esch line.	trau		m ss cardiac of r	espiratory sire	Approximata Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEDUENCE O	F):				
TIFICA	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	F):				
岜	d.							
EDICAL CERTIFICATION	PART II. Other algnificant conditione	contributing to	deeth but not resulting	In the undariyir	g cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
O	EXAMINER?	HOSPITAL:	1/	OTHER:	LACE OF DEATH (C)	neck only one)		
YS		1 Inpatient 2		4 - Nursing Hor		6 Other (Specify)		
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF		IE OF 28c. IN W	JURY AT ORK? YES 2 NO	MOTES VEN	ow injury occu	The The
	3 Suicide 6 Could not be 4 Homicide determined	building,	of INJURY — At home, ferm, setc. (Specify)	street, factory, offi	•	281. LOCATION (ST Pily or lown, S	reet end Number	Rural Route Number,
COMPLETED	anal of		my knowledge, death occurr xamination and/or investigation					
H	296. SIGNATURE AND TITLE OF CERTIFIED	+ W.	Ochester G.	antine	29c. LICENSE NU D-27348	MBER		WONED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO HOWARD M. HAFT, MD.	P.O. BO	SE OF OEATH (ITEM 27) (Type	ORF, MAI	RYLAND 20	0604		-14
	31. DATE FILED (Mooth, Day, Mar) 93		AR'S SIGNATURE Pands					

FOR

	1 - STATE REGISTRAR						DEAT		REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) JOE DA	N	М	001	V					DAY	YEAR	3. TIME OF DEATH
			SE (In yrs. lest bi			_			08 03	2 19	993	7:17 A
	450 50 0025	1 🛛 M 2 🗆 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 20,	1939	8. BIRTHI Country	PLACE (State or Foreign) Texas
<u>~</u>	99. FACILITY NAME (If not institution, give stre SHADY GROVE AL		HOSPI	ТАІ			I L L E				NTY OF DE	
وزا	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	772172										
DIRECTOR		gomery			y, town o		TION					10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
3AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT		HAT COUNTRY?
FUNERAL	13109 Brushwood	Way 12. WAS DECEDENT EVER	2 10111 0 40010			_	2085					States
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE IF YES, GIVE WAR OR 1961-1981	S 2 NO	ь	١ '	yes, sp	ecify Cuber 2 X NO	n, Mexican	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No—	14. RACE Black, Spec/l)	- American Indian, White, etc.
E	15. DECEDENT'S EDUCA (Specify only highest grade co		tes. DECEI	kind of a	vork done o	CUPATIO	ON st of workin	a	16b. KIND OF BU	JSINESS/INC	DUSTRY	MILLE
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mark		ng Di	rec	tor		Aero S	pace		
	17. FATHER'S NAME (First, Middle, Last)	_							IE (First, Middle, Maider	Surname)		
BE	C. O. Moody 190. INFORMANT'S NAME (Type/Print)		100.0	All INO	4000rae	(0)			ed Melton			
TO BI	Julie D. Moody								Potomac, I		,	20054
	20e. METHOD OF DISPOSITION 1 (X Burlet 2 Cremetton 3 Remov.	al from State	Ob. PLACE AND	DATE	FDISPOSI	TION /Ne	me of 8/	6/93	DATE 20c. LO	OCATION -	City or Tow	
	4 Donation 5 Other (Specify)		semetery, cremat Sulphu	r S	oring	s C	emete	ery	1.			ngs, Texa
	Michael &	Augino	моо	846	Ro Ch Be	bert evy the	Chas sda,	Pump e I Mary	hrey Fune nc 7557 lana 2081	ral H Wisc 4-350	lome/ consi	Bethesda- n Avenue
CERTIFICATION	disease or condition resulting in death) a. Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ICAL	PART II. Other significant conditions	contributing to deeth	but not resu	not resulting in the underlying cause given in Pa					Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:	utpetient 3 🗆	DOA	OTHER 4 Num	:	ACE OF DE		Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 M Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 2	b. TIMI	OF	28c. INJU	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home,	ferm, a	treet, facto				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
O BE COMPLETED BY PHYSICIAN: MED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 X XMEDICAL EXAMINER:	N: To the best of my kno										end menner ee state
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1- Pa 1	MA					NSE NUME				Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF C	DEATH (ITEM 27) <i>(Type,</i>	Print)	Str	-	C.M.	Ealtimore			1993 and 212
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIG			J.111	J (1		, 20		-		
1 1	AUG 0 4 1993	Guna Navido	m-Handa									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

BALTIMORE MARYLAND 21215-0020	24 nours after death. Page Brown in many by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director. It is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be netified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 62 mm in manned by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremat	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND /	DEPAR	RTMENT	OF H	IEALTH AND	MENT	AL HYGIE		93	24281
	1. DECEDENT'S NAME (First, Middle, Last)				-			2. DAT	E OF DEATN	DAY	YEAR	3. TIME OF DEATH
	HERBERT	H. MILLER					AU		1993	YEAR	9:35 A M	
	4. SOCIAL SECURITY NUMBER	MONTHS DAVE M			IF UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTN		8. BIRTNE Country	PLACE (State or Foreign		
	093-10-6043				DL OUT	TOUR!			NE 21,		_	A.
œ l	99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATN 2921 NORTH LEISURE WORLD BLVD. #108 SILVER SPRING MONTGOMERY											
DIRECTOR	RESIDENCE OF DECEDENT								WEIKI			
E	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
	MD . MONTGOMERY			SILVER SPRING				ž				1 N YES 2 NO
RA	2921 NORTH LEISURE WORLD BL			JVD. #108 101. ZIP CODE 20906				<				HAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 1			RMED 13. WAS DECENDENT OF NISPAN				IIC ORIGIN? (Specify Yea or No				
BY F	IF YES GIVE WAR OR DATES			NO If yes, specify Cuben, Mexican 1 YES 2 TO Specify			can, Puerto	n, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify:	
	3XX Widowed 4 Divorced WWIII 15. DECEDENT'S EDUCATION 16e, DE				DECEDENT'S USUAL OCCUPATION							WHITE
COMPLETED	(Specify only highest grade	completed)	(G	ICEDENT'S Ive kind of a Do NOT us	work done	during mo	ON at of working	16	b. KIND OF BU	JSINESS/IND	USTRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)		SAFET	,	NGIN	JEER		1M	OBIL	CORI	p
Š	17. FATHER'S NAME (First, Middle, Last)					210122	16. MOTHER'S N	IAME (First,			0010	
BE C	OSCAR T.	. MILLER			IDA			A	LIN	DSTRO	M	
5	19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street a	nd Number or Rura	I Route Nur	nber, City or To	wn, State, Zip	Code)	
-		WHIRST		500	STO	NE E	IOUSE LA	., S	ILVER	SPRIN	G, M	20905
	20a. METHOD OF DISPOSITION 1 ☐ Burlat 2 ☐ Cremation 3 ☐ Remo	wal from State	cemetery, cre	THE OTHER	of DISPOS ther place)			DA		DCATION —		,
	4 Donation ** Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		CHAN	IBERS		EMAT	ORY D ADDRESS OF F		93	RIVER	RDALE, MD.	
	MAN. Cha	mbush	2 1	10009					O. INC	sil	VER S	20910 SPRING,MD.
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death Due to (OR AS A CONSEQUENCE OF): Open plabled Heart Fauluse.								Approximate Interval Between Onset and Death			
z									hundto			
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF):							111				
<u>Ş</u> ∥	CAUSE (Disease or Injury	DUE TO (OR AS				de	y com					21
Ė	that initisted events resulting in dasth) LAST	S Con Co	S A CONSEC	aral		huy	w pai	he				d
핑		.0 20000				0						
PHYSICIAN: MEDICAL	COPD, Sliep aprola, Mypoxia						ORMED? 2 M NO COMPLETION OF DEATH?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO			
हें	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
₹ ¥	1. YES 2 NO	1 Impettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED										
	1 Natural 5 Pending	(Month, Day, Year			URY	WOI	RK?	26d. DE	SCRIBE HOW	INJURY OCC	URED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — Al ho	M 1 YES 2 NO — Al home, farm, street, factory, office			28f, LO	28f. LOCATION (Street and Number or Rural Route Number,				
U 4 Homicide determined building, etc. (Specify)												
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, You								Month, Day, Year)				
2	Oliver Mai	uless	mi	9			D254	410		18	12/	93
	30. NAME AND ADDRESS OF PERSON WHO O. J. LAW 1655	3501 da	wen	ake	Print)	e i	Dhine	Sil	ue/ S	PRin	9 h	D 209 UB
	AUG 0 4 1993	92 REGISTRAR'S SIC	GNATURE - Aand	.82	-			-			-	,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dear in the retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funital statement of the formal process. The following the formal process of the following the followin	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	9	3 24288		
Π,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEA	3. TIME OF DEATH		
- "	Catherine M. McT	July 31,	2:00 A. M							
	4. SOCIAL SECURITY NUMBER	T	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
	112-16-2794	1 M 2 F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)		
			09	AL CYTY TOWN O	D LOCATION OF DE	11-18-192		w York		
۾	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 5690 Barberry Court Frederick Frederick									
Ĕ	RESIDENCE OF DECEDENT	G		rreder	LCK	Frederick				
Ĭ		10d. INSIDE CITY LIMITS?								
5690 Barberry Court Frederick Frederic RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION MD Frederick Frederick 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION										
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FUNERAL	5690 Barberry	Court			21701		11 (7 A		
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	13 WAS DEC		IC ORIGIN? (Specify Yea		ACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mexican	, Puerto Rican, etc.)	9	lack, White, etc.		
à l	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR E	DATES	1 U YES	2 NO Specify.		s	White		
	15. DECEDENT'S EDI	ICATION	16a, DECEDENT'S	USUAL OCCUPATIO	M	16b. KIND OF BUS	INEEC/INDICETO			
	(Specify only highest grad	e completed)		rork done during mo-		TOD. KIND OF BOX	MITCOO/ MIDOOT IT			
ا دِ	Elementary/Secondary (0-12)	College (1-4 or 5+)		2.7.7	1 . 37					
COMPL			ricence	d Practi	cal Nurs					
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	AE (First, Middle, Malden	Surname)			
B		Morrison				Bridget	Bolger			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural R	loute Number, City or Town	n, State, Zip Code)		
-	Brian K. McTighe		707 A	ngelwing	Lane, F	rederick,	MD. 217	702		
	20a. METHOD OF DISPOSITION 1 20 Buriel 2 Cremetion 3 Ren		b. PLACE AND DATE		(Name	DATE 20c. LO	CATION — City o	r Town, State		
	4 Donation 5 Other (Specify)	G.	ate of He	aven Cer	neterv	8/4 Si	lver Sp	ring, MD.		
9	21. SIGNATURE OF FUNERAL SERVICE L			T	ID ADDRESS OF FAC	CILITY				
	Michael	D. Cill	vars	10 E.I	Deer Park		Funeral thersbu	Home rg, MD. 20877		
	23. PART I. Enter the diseases, or	complications that cause. List only one cause on		ot enter the mo	de of dying, auch	ae cardiec or reapi	ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel				1 1			Onset and Death		
	diseese or condition	(anasti	vo Ha	art	Tailur	e	10			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) . (on oestive Heart Failure Due-to (or as a consequence of):									
_	Primary Myocadiopthy									
ō	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	1:	19					
AT	if any, leeding to immediate cause. Enter UNDERLYING									
윤ᅵ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	j:						
RTIFICATION	resulting in death) LAST									
8		d								
	PART II. Other aignificent condition	na contributing to deeth	but not resulting i	n the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS		
ଧି						PERFOR 1 □ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						_ ' ' ' '	_ NO	OF DEATH?		
PHYSICIAN: MEDICA						_		1 YES 2 NO		
Ž										
ਰੋ	EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
<u>s</u>	1 TES 2. NO	1 - Inpatient 2 - ER/Ou	tpetient 3 DOA	4 - Nursing Hom	e 5 A Residence	8 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			URY AT	28d, DEŞCRIBE HOW I	NJURY OCCURE	D		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆		- 121				
	2 Accident anvestigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)							iral Route Number,		
	4 Homicide determined	and the following	,			ony or rown, ones				
	29a. CERTIFIER	SICIAN: To the best of my kno	uladas dasbasas	ad ad disa disa a dada						
COMPLETED	one)	IER: On the basis of examinati						sea(a) and manner as stated		
8			on anaon anoongana	ii, ii iii, opiiiog, c	- Country of the	time, deta and piece, an	of one to the car	se(a) and manner as elated.		
BE	296. SIGNATURE AND TITLE OF CERTIFLER 296. DATE SIGNED (Month, Day, Year)									
2										
۴	Robert C. Macon 809 Views Mill Rd. Rockville. Maryland 20851									
	31. DATE FILED (Month, Day, Year)	PLANE DEM COM	NATURE				J			
	AUG 0 3 1993	funa Davidson	-gandelle							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained	the state of the s
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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Helen McCARTHY 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 579 01 7174 76 YRS. May 15, 1917 South Carolina to use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 1 🗌 YES 2 📉 NO Westminster 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 527 Morelock Schoolhouse Road 21158 USA or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. VEAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 📉 Widowed 4 🗌 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Secretary Melpar 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at Lloyd Halcombe BE Elizabeth Caldwell 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) director, page 5 show 21158 2 David M. McCarthy 527 Morelock Schoolhouse Road Westminster, MD pe 20a. METHOD OF DISPOSITION
1 XI Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Mount Comfort Cemetery 4 Donation 5 Other (Specify) 7/30 Alexandria, Virginia examiner MIGNATURE OF FUNERAL MERVICE LICENSEE Demaine Funeral Homes, Inc. Alexandria, Virginia 22314 removal. medicai PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Intarval Between 6 IMMEDIATE CAUSE (Final Onset and Death npietely fille, cremation, ANDRIC ENCEPHAlopathy the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com CARDIAC AZREST traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING nding physician a Hygiene prior to ACUTE MYOCHEDIAL INFARCTOR CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? been signed by ot, of Health and \$ shows any In UNON INSULA DEPENDENT DIABETES Mellitus 1 TYES 2 NO @ myelopao liferative du onoer OF DEATH? 1 - YES 2 1 NO has be Dept. IS. WAS CASE RETURNED TO MEDICAL EXAMPLE 17 State L EXAMENT A 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 ☐ Nursing Home 5 ☐ Residence a ☐ Other (Specify) the t 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? After this ce leath with t marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident Donth, Day, Year) 5 Pending Investigation 1 YES 2 NO BY After t death 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be hours after item 28 is 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT. If it 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D31660 7/27/93 -cours Ø 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOMASK. GALVIN MD 542 WASHINGTON RA. WESTMINSTER MO 31. DATE FILED (Month, Day, Year)
AUG 0 3 1993 AND STANDARD SIGNAFILMENT AND STANDARD 21157

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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P.O.
VITAL RECORDS,
OF VITAL
VISION
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 milk region to the hospital or attending physician.

10 THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the thoreal director are recently in the State Dept. of Health and Mental Hyghere prior to burial, cremation, or remond.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		CI	ERTIFICATE	0	F DEAT	H		BEG N	0

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND M	IENTAL HYGIEN			- 4630
19	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF OEATH
3	DOROTHY FRAN	Y FRANCIS MAY				AUGUST 0		993	11:25A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	NCE (State or Foreign
	407-42-1080	1 🗌 M 2 🔀 F	58 YRS.	THE DAYS	HOURS MIN.	OCT. 30,	1934	Country) Kent	tucky
	9a. FACILITY NAME (If not institution, give st	ireet and number)	96	CITY, TOWN C	R LOCATION OF GEA		-	TY OF DEAT	
O.	NIH, THE CLINICAL	CENTER		BETHESI	OA, MARYL	AND	MONT	GOMER'	Y
E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c, CITY, TO	OWN OR LOCAT	ION				d. INSIDE CITY
DIRECTOR	KENTUCKY (Clark		CHESTER	1700				LIMITS?
AL	10e. STREET AND NUMBER		, WIII		ZIP CODE		10g. CITIZ		T COUNTRY?
FUNERAL	24 VIRGINIA AVEN	lUE			40391		USA		
J-	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	C ORIGIN? (Specify Yes		14. RACE — Black, W	American Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TES	2 NO Specify:	Puerto Hican, etc.)		Specify:	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USL	AL OCCUPATIO	MM	16b, KIND OF BU	-		HITE
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done durina ma	st of working	I ISO. KIND OF BU	SINESS/INDU	JSTRY	11
APL	12		INSPECTO)R		GTE Sy	lvania	3	
COMPLETED	17. FATHER'S NAME (First, Middle Lest)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE		ANCIS			AUDREY	GULLET	Γ		
5	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		Code)	
-	JAMES W. MAY					CHESTER, 1		0391	
	20a, METHOD OF DISPOSITION 7 A Burial 2 Cremation 3 Remo	oval from State 20b.	PLACE AND DATE OF D ptery, crematory or other p LNChester	SPOSITION (Ne	me of	1	CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LIC		unchester		I' V ID ADDRESS OF FACI	8-4 Win	cheste	er, K	епсоску
	Do. (11 12 -	-	Rapp	Funeral S	Services,	P. A.		
	23. PART I. Enter the diseases, or c	enmolications that Fausaci	the death Do not	933 G	ist Avenu	e, Silver	Spri	ng, M	
	shock, or heart failure.	List Dnly One cause Dn as	ich lina.	orital tile tile	de or dying, addit	aa cardiac or reap	Tatory arres	rat,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition	Hypox	SMIA						Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):						
Z	Sequentially list conditions,	. Lyou	PHOMA						
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:						
CERTIFICATION	resulting in death) LAST	4	. ,.						
	PART II Other eignificent condition	a and thuster as death to							
CAL	PART II. Other aignificant conditions	i contributing to deeth bu	It not reaulting in th	e underlying	ceuse given in P	art i. 24a. WAS AN PERFOR		AMA	RE AUTOPSY FINDINGS
ā					-	1 70 YES 2	□ NO	OF	MPLETION OF CAUSE DEATH?
Σ						_		1 [YES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	k only one)			
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	otient 3 DOA 4	HER:	5 Residence 6	Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		JRY AT	26d. DESCRIBE HOW I	NJURY OCCU	JRED	
84	1 Netural 5 Pending 2 Accident Investigation	(*******, ****/			ES 2 NO				
	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, stree	, factory, office		26f. LOCATION (Street a City or Town, State)	and Number of	or Rural Route	Number,
COMPLETED									
MPL	(Check only one)	CIAN: To the best of my knowle	edge, death occurred at	the time, date	and place, and due to	the cause(a) and mar	iner as stated	d.	
OS		R: On the basis of examination	and/or investigation, in	my opinion, de	eath occured at the tir	me, date and place, an	d due to the	cause(a) and	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	N 43 14 15	- 11	8	29c. LICENSE NUMB		29d. DATE	SIGNED (Mo	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	H (ITEM 27) /Time Dries	1)	37 00	6.2318	(8-1-	10
	NAOMI P. O'GRADY,	MD ^t			PIKE. BE	THESDA, M	ARYT.A	חוא פרוא	892
ĺ	31. DATE FILED (Month, Day, Year)	3 REGISTRAR'S SIGNA	THE		, DI	TI TILLIAN TI	THE	110 20	072
	AUG 03 1993	Julie Devidson	fondell						

es.

3. TIME OF DEATH

YEAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1993 July 27, William Paul Macones 2:00pmM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 😿 M 2 🗌 F 212-38-6952 Sept. 17, New Jersey page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH DIRECTOR 20151 Laurel Hill Way Montgomery Germantown RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Montgomery Germantown 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20151 Laurel Hill Way 20874 U.S.A. Prov. 1 Tay be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Marri BY 1 TES ZY NO 3 Widowed 4 Divorced White WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) 12 Executive Officer U.S. Government notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William P. Macones Frances Cznartski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) same as #10 Dorothy K. Macones pe 20a METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must Forest Oak Cemetery Gaithersburg, MD 21. SIGNATURE OF FUNERAL SERVICE LUCENSEE 22. NAME AND ADDRESS OF FACILITY the fun De Vol Funeral Home hours after deat 10 E. Deer Park Dr., Gaithersburg, MD 20877 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** or other traumatic event, the Metastatic prostate disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUEN MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TES 2 NO bas been s BY PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h OTHER: 1 | YES 2 (X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 K Residence 6 - Other (Specify) 4 🗌 Nun 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 X Natural 1 TES 2 NO FUNERAL DIRECTOR: After the within 72 hours after death 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be Item 28 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF CERTIFIER

HOWELD ELECTION W 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE d-D >29 July 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 122, REGISTRAR'S SIGNATURE Fully Deviden - Andrew 31. DATE FILEO (Month, Day, Year)
AUG 0 3 1993

HOUSTON E. HOLMES, TIL M.D. 464-21-4636 NCI-NAVY ONCOLOGY FELLOW

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		67676
1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3. TIME OF DEATH
	Helen		1	Marvel		July 2	2 93	8:30 P w
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	#F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	219-05143	1 M 2 X F 7	8 YRS.		197	Sept.4,1	914 Sea	ford, Del.
œ	9n. FACILITY NAME (If not Institution, give st				R LOCATION OF OR	ATH	9c. COUNTY OF	
5	Memorial Hosp	ital at Ea	ston	East	on		Talbo	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
		roline	Fe	derals	burg			LIMITS?
RAL	10e. STREET AND NUMBER	nton Doort		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	504 01d De				216			USA
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	cify Cuban, Mexical	IC ORIGIN? (Specify Yes	Blac	E — American Indian, ik, White, etc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES'	1 - YES	2 NO Specify	:	Spec	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)		USUAL OCCUPATIO		16b. KIND OF BUS	SINESS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	of Working	1		
MP	17. FATHER'S NAME (First, Middle, Last)	0	Ноизе	wife		House		
	James Thomas M	c Allicton				ME (First, Middle, Meiden	,	70
BE	19a. INFORMANT'S NAME (Type/Print)	CATITISTEL	19b. MAILING	ADDRESS (Street or		iche Jest Doute Number, City or Town		
6	Donald K. Marv	el			use Rd.			44 04500
	20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗇 Remo		PLACE AND DATE O	F DISPOSITION (Na			CATION — City or T	VId. 21638 own, State
	4 Donation 5 Other (Specify)		dd Fe]		mt. 7/	'25/93 S	eaford	Del.
	21. SIGNATURE OF EUNERAL SERVICE LICI	INSEE		22. NAME AN	APORESS OF FAC			
	Dev			Fed	eralsbu	irg, Md.	21632	
	23. PART i. Enter the diseases, or co shock, or heart feilure. L	omplications that caused	the death. Do n	ot anter the mod	da of dying, suct	as cerdiac or reapi	ratory srreat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	0.	7					interval Between Onset and Death
	resulting in death)	Kespin	alm	tuil.	ne			
_		1/2	CONSEQUENCE OF	* 0	1 (
ē	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	1:	etast	rses.		
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury	ader	· bear	unana	_ 1	wolon	unch	24000
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:	1	1		0 .
CERTIFICATION			Mose	nead	treta	stases.		
AL.	PART II. Other significant conditions	contributing to death be	it not resulting I		ceuse given in l	Part i. 24e. WAS AN	AUTOPSY 248	. WERE AUTOPSY FINDINGS
DIC	1301/C	myph	+ aus	un		1 _ YES 2	7	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	00100 any	high						1 TES 2 NO
PHYSICIAN: MEDIC	25 WHO CLOS DESCRIPTIONS TO MEDICAL							
ICI.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Che			
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	28b. TIMI		5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IN	I II III OCCUPED	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ	URY WOF		200. DESCRIBE NOW IF	OURY OCCURED	
D BY	2 Necident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s			28f. LOCATION (Street a	nd Number or Rural	Route Number,
	4 Homicide determined	January, etc. (opec	•••			City or Town, State)		
P	290. CERTIFIER Check only	IAN: To the best of my knowle	edge, death occurre	d at the time, date	end place, end due t	to the cause(e) end men	ner ee stated.	
COMPLETED	2 MEDICAL EXAMINER	On the basis of examination	end/or investigation	n, in my opinion, de	ath occured at the t	ime, date and place, end	due to the ceuse(e) and manner se stated.
HE I	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	B57)	29d. DATE SIGNED	(Month, Day, Year)
2	MANUEL AND ADDRESS OF STREET	vertill)			007	10-4	► ,1 ,7	3 77
	30 NAME AND ADDRESS OF PERSON WHO	AIN DILL	TH (ITEM 27) (Type,	30F	1DL	& WICD	AUENU.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	P3-11	5100	maky hat		460
	AUG 9 1993 \$	who Sainton A	ndell)		



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
	DOROTHY A 1. DECEDENT'S NAME (First, Middle, Last) A	INNE	MC	CKAY		2. DATE OF DEATH	7 93	3. TIME OF DEATH 05:48 PM
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
	155-36-1654	1 M 2 XF **	M	ONTHS DAYS	HOURS MIN.	(Morith, Day, Year) Sept. 15.	0	ountry)
	9e. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN	OR LOCATION OF DE	ATH IS	9c. COUNTY C	
FUNERAL DIRECTOR	NORTH ARUNDEL HO	SPITAL ASSOC	CIATION	GLEN	BURNIE		Α.	A. COUNTY
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?
21	Maryland Anne	Arunde l	Baas	र्वेक्ट्रक				1 YES 2 NO
ERA	1767 Old Annapo	lis Blvd.			21401		10g. CITIZEN (OF WHAT COUNTRY?
2		12. WAS DECEDENT EVER IN FORCES? 1 7 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		ACE — American Indian, llack, White, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		2 XNO Specify			White
	15. DECEDENT'S EDUCA (Specify only highest grade c		16a. DECEDENT'S US	k done durina mo		16b. KIND OF BUS	SINESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewif	etired.)				
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE C	Frank A. D	everell			Novina	a L. McNie	ar	
2	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural I	Toute Number, City or Tow	n, State, Zip Code	
-	Patrick R. McKay		1767 C	ld Anna	apolis B	lvd., Annaj	oolis.	21401 Waryland
ĺ	20a. METHOD OF DISPOSITION 117 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State cem	PLACE AND DATE OF letery, crematory or other	DISPOSITION (Na r place)	ime of	OATE 20c. LO	CATION — City of	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Livet Cem	22. NAME A	ID ADDRESS OF FA	CILITY		ls, Maryland
	Harrison &	Leonar	d	Harris 312 Sc	son E. Le	onard Fund	eral Ho	ne 21663 aels, Maryland
	23. PART i. Enter tha diseasea, or co shock, or haert fallure. Li	mplications that caused	the death. Do not	enter the mo	de of dying, auci	n as cardiac or reepi	retory arrest,	Approximate
ı	IMMEDIATE CAUSE (Finel							interval Between Onset and Death
	disease or condition resulting in death) a.		MON	IA				F-111
		DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	cause, Entar UNDERLYING CAUSE (Disease or injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CE	d.							
Ä	PART ii. Other significant conditions		ut not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	CONGESTIVE		FAIL	ort		1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
Σ	CANDIOMYO	HATHY				_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00.00	100 00 00 100			
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Che			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJ	e 5 Residence	28d, OEŞCRIBE HOW II	JURY OCCURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? 'ES 2 NO			
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, larm, atre	et, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	4 Homicide determined					ony or rown, ordroy		
ם		IAN: To the best of my knowl						
Š	070) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	lime, data and place, an	d due to the cau	se(a) end manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	, Atten	٧.١٥		29c. LICENSE NUM		29d. DATE SIGN	IED (Month, Day, Year)
2	21 Whid	/C 3			D 217		> 7	4/93
	30. NAME AND ADDRESS OF PERSON WHO DR . SURYA MUNDRA/	1600 CRAIN	HIGHWAY S	W/GLEN	BURNIE,	MD. 21061		
	31. DATE FILED (Month, Day May)	82. REGISTRAR'S SIGN	URE CANOLAR			·		

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31. DATULED (1279 01993

Curry M.D.

32. REGISTRAR'S SIGNATURE

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_		FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMEN	IT OF H	EALTH DEAT	AND N	MENTA	L HYGIEN				
	i	1. DECEDENT'S NAME (First, Middle, Last)			-				1	2. DATE	OF DEATH	AY o o o	YEAR	3. TIME OF DEATH	
		JANET 4. SOCIAL SECURITY NUMBER	MIRIAM	MANN							y 28,	1993		10:154	M
		215-22-3043	5. SEX	6. AGE (In yrs. In:	YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE	of Birth n 3, 1	027	8. BIRTHP	LACE (State or Foreign	1
	ļ	9a. FACILITY NAME (If not institution, give a		00	110.	9b CIT	V TOWAL O	OR LOCATIO	W OF DE		11 3, 1				_
Ŀ	<u> </u>	9704 Martingham						haels		AIH		1 24	lbot	ATH	
	DIRECTOR	RESIDENCE OF DECEDENT				Dt.	WILC	nacı	-			14	1001		_
J	#	10a. STATE 10b. COUNT	•				OR LOCAT							10d. INSIDE CITY	
		Maryland Talb	ot		St	. IVI1	chae							1 TES 24 NO	
7	FUNERAL	ME SECOND STATE OF THE SEC	m Cimala				101.	2166						HAT COUNTRY?	
	Y I	9704 Martingha	12. WAS DECEDENT	EVED IN ILS AS	MED	1 42	WAS DEC					U.S			
	- 11	1 Never Married 2 X Married	FORCES? 1 [YES 2	NO TO	13.	II yes, spe	ecify Cuber	, Mexicer	n, Puerto I	? (Specify Yellican, etc.)	or No-	Black,	American Indian, White, etc.	
	6	3 Widowed 4 Divorced	1723, 0172	n On DATES			1 YES	2 X NO	Specify.				Specify	White	
	COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e, DE	CEDENT'S live kind of v	USUAL O	OCCUPATIO	N st of working	7	16b	KIND OF BU	SINESS/INI	DUSTRY		
i i	ן נ	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT US)				Home				
		17. FATHER'S NAME (First, Middle, Last)		Hot	isewi	16									
		Richard R. Em	erick								Aiddle, Maiden	Sumame)			
	10a INFORMANT'S NAME (Frankhint)														
١	2 ∥	Robert L. Mann		9	704 I	Mart	ingh	am C	ircl	e St	. Mich	naels	, Md.	21663	
	20a_METHOD OF DISPOSITION 1 Aburlel 2 Cremation 3 Removal from State 4 Donestion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competing, gramatory or other place) WOOdTawn Wem. Park July 30, 1993 Easton, Maryland 2160						3.3								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	- 1	* Horison	E fo								rd Fur				
-	┪	23. PART i. Enter tha diseases, or o	complications that	caused the de	ath Dn r	Int ente	SIZ S	. Ta	lbot	St.	St. N	li cha	els,	Md. 21663	5
	1	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus	e on each line	i.	iot enta	i the mod	ue or dyn	ig, soci	ras caro	nac or resp	iratory an	reat,	Approximata interval Betwe	
		disease or condition		S- 10	- 4	HETTAS	N 1 1 1 1							Onset and De	ath
		resulting in death)	DUE TO (C	OR AS A CONSE			MIN C	mater .						9	
3		S	b												
MOLTACIBLICATION		Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	DUENCE OF	7:									
1	3	CAUSE (Disease or injury	c	OR AS A CONSE	OUTENCE OF									ļ	
1		that initiated events resulting in death) LAST	300 10 (0	A A CONSE	JUENCE OF	-):									
1			d												
1 3	۱۶	PART II. Other significant condition	s contributing to d	asth but not r	esulting i	n the u	nderlying	cause gi	iven in F	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDING	35
MEDICAL		ALCHOUSY									1 YES 2	NO X		COMPLETION OF CAUSE OF DEATH?	:
										_			1	YES 2 NO	
ż		or was over personn to demand													
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	105		OTHE	R:	ACE OF DE							
Š	<u> </u>	1 YES 2 TNO 27. MANNER OF DEATH	1 □ Inpatient 2 □ I		28b. TIM		rsing Home	5 XRee	idence (N III IPV OO	OLIDEO .		_
		1 Netural 5 Pending	(Month, Day	Year)	INJ	URY	WOF	RK7	ND	280. DES	CRIBE HOW I	NJURY OC	CURED		
S S	- 0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho	me, term, s	treet, fac				281. LOC/	TION (Street a	and Number	or Rural Roo	ute Number	_
FTE	: 11	4 Homicide determined	building, et	c. (Specify)						City o	or Town, State)				
6		29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, de	ath occurre	d at the	time, date	end place,	end due t	to the ceu	se(s) end mar	mer ee atal	led.		
COMP		one) 2 MEDICAL EXAMINE												and manner ee stated.	
L	. 1	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICEN	SE NUMI	BER		294. DAT	E NIGNED (N	Apretti, Dieje Meert	
0		COR.						D43	001		6	▶ 29	10	93	
1 F	·	30. NAME AND ADDRESS OF PERSON WHI	O COMBI ETED CAUSE	OF DEATH ATE					-				_		

508 Idlewild Ave. Easton, Maryland

21601

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NO	NING F	After 1	mar
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIREC	tem
_	PITAL	ERAL 172 h	THE
	HOS	FUN	HTAN
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending privately	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First, Middle, Les		2. DATE OF DEATH						
	Howard 4. SOCIAL SECURITY NUMBER	Haman Is. SEX	NGE (In yrs. lest birthday)	loffe					
		1 (M 2 □ F			YEAR IF UNDER 24 HRS	(Month, Day, Year)	Cou	THPLACE (State or Foreign intry)	
0	217-05-2651 Se. FACILITY NAME (If not institution, give	21	82 YRS.	AL OUTH T	OWN OR LOCATION OF	2-9-19	11 9c, COUNTY OF	Maryland	
DIRECTOR	Memorial RESIDENCE OF DECEDENT				ston	DEATN		[albot	
EC	10a. STATE 10b. COUN	ITY	10c. Cl	TY, TOWN OR	LOCATION			10d. INSIDE CITY	
PH	Maryland	Talbot	Ea	ston				LIMITS?	
4	10e, STREET AND NUMBER	24200	T Du	5 0011	101. ZIP CODE		10g. CITIZEN OI	WHAT COUNTRY?	
ER	209 Stewart	Street			2160	11	USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		S DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	IIC ORIGIN? (Specify Yes or No.— 14, RACE		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	VES 2 NO OR DATES		YES 2 NO Spe	ican, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EL (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S	S USUAL OCC	UPATION ing most of working	16b, KIND OF BU	JSINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT a	retired.)	ing most or working				
M	11		Insur	ance	Agent				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, Maider	Surname)		
BE	Walter Moffe	ett				ry Cooper			
2	19a. INFORMANT'S NAME (Type/Print)					ral Route Number, City or Tox		1	
	Jessie M. Mc		209	stewa	rt St.,	Easton, M	1D 2160	1	
	20e. METNOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery crematory or Salisbu		on(Neme of cematory		ocation — city or alisbur		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NA	ME AND ADDRESS OF	FACILITY		11 11-	
	M. En Nes	Man 3	CFSt			neral Home		n, MD	
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Resp		1	ailure	- + an	rest	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. CAUSE (Disease or Injury that Initiated events resulting in death) LAST c. DUE TO 1078 AS A CONSEQUENCE OF): d. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): C. CAUSE (DISEASE OF): DUE TO 1078 AS A CONSEQUENCE OF): C. CAUSE (DISEASE OF): C.								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Can compare the plant of cause given in Part I. 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATN				
14S	1 TYES 2 NO	26a. DATE OF INJU			g Home 6 - Resident		ALTIM COMPE		
	1 Natural 5 Pending	(Month, Day, Ye		JURY	WORK?	28d. DESCRIBE NOW	INJURY OCCURED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a PLACE OF IN.	JURY — At home, farm, (Specify)			281. LOCATION (Street City or Town, State	and Number or Run	ni Route Number,	
COMPLETE	29a. CERTIFIER CERTIFYING BUY	CRICIAN. Yo the head of soul							
MP	in the second se	SICIAN: To the best of my in NER: On the basis of examination						e(a) and manner as stated.	
_	GNATURE AND TITLE OF CERTIF		\bigcirc		29c, LICENSE I				
) BE	Walso ti	stellert	11/	N	DS.	282/	▶ 785	ED (Month, Day, Year) TX 4 93	
2	30. NAME AND ADDRESS OF PERSON OF Albert T.	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)	Idlewil	d Ave	Easton	MD 21601	
	31. DATE FILED (Month, Day, Year)		SIGN NINE AND	, 300				-12 24004	
1	1111 90 1003	G HART KIND WAR							

COLUMN TO THE PERSON AND THE PERSON NAMED IN

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BALTIMORE, MARYLAND 21215-0020	fours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit pur
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minur after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit named to be burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for use as the burial-transit named to be detached for the burial transit E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an ours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAMES	LOUIS	MOH	RGAN				AUGUST	6 199	93 8:20 P
4. SOCIAL SECURITY NUMBER 419-34-1178		in yrs. last birthday)	MONTHS	DAYS	IF UNDER 2	MIN.	7. DATE OF BIFTTN (Month, Day, Year) 11-24-3		BIRMINGHAM, A
90. FACILITY NAME (If not institution, give to MEMORIAL HOS		ASTON	9b. CITY		ASTO1		ти	9c. COUNT	Y OF DEATH
MEMORIAL HOS RESIDENCE OF DECEDENT 10. STATE MD. TI	ÅLBOT	10c. CIT	ry, town	OR LOCAL					10d. INSIDE CITY LIMITS? 1-YES 2 NO
10e. STREET AND NUMBER 329 SOUTH LA	ANE			101	2160				EN OF WHAT COUNTRY?
10e. STREET AND NUMBER 329 SOUTH L2 11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO ATES	13.	WAS DEC	ENDENT DE	HISPANI	C ORIGIN? (Specify Yee, Puerto Rican, etc.)		JSA 4. RACE — American Indian, Black, White, etc. Specify: BLK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2		16a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	st of working		16b. KIND OF BUS		NDANT
17. FATHER'S NAME (First, Middle, Last) JAMES NOLA	AND				18. MOTH	ER'S NAM	E (First, Middle, Maiden		NDANT
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRES	S (Street	nd Number o	or Rural Ac	oute Number, City or Town	n, State, Zip C	Code)
ELIZABETH R 20a. METHOD OF DISPOSITION 1 Burlet 2 © Cremation 3 Rem 4 Donation Other (Specify)	OBERTS covat from State 20b. cam	PLACE AND DATE	OF DISPOS	SITION (NE	me of			CATION — CI	ty or Town, State
21. SIGNATURE OF FUNEAL SERVICE LI	CENSEE	TORBER	22.	OKS		ERA			19 E. dover
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEDUENCE O)F):)F):		nos	» 1 70	TE		2/6/1805
PART II. Other significant condition	o SSEC TO						PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 DOA	OTHE	R:	ACE OF DE		- 100		
27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIS		28c. INJ WC			Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	IREO
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fac	tory, offic			281. LOCATION (Street & City or Town, State)	and Number o	r Rural Route Number,
onel	ICIAN: To the best of my knowler. On the basic of examination								f. cause(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		ردر			29c. LICEN		BER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WA	IN , 415	F.		15/2)		AST	II ma	2	21601
31. DATE FILED (Month, Day, Year) AUG 1 0 1993	32. REGISTRAR'S SIGN	ATURE PENDAME							

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENF CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Keller 2. DATE OF DEATN 3. TIME OF DEATN DAY 25 Kathryn 93 Marshall 07 7:38 am 6. AGE (In yrs. last birthday) | | | F UNDER 1 YEAR | | F UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 08-12-20 8. BIRTNPLACE (State or Foreign 055-42-2481 DAYS HOURS 1 M 2 X F 72 YRS Montana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Memorial Hospital at Easton Easton Talbot RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Talbot St. Michaels 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 111 East Chestnut Street 21663 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4-or 5+) Elementary/Secondary (0-12) Homemaker 12 Own Home 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Kathryn Patterson 17. FATHER'S NAME (First, Middle, Last) Christoph Keller notified 19b. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town, State, Zip Code) St. Michaels
111 East Chestnut St., P.O. Box 1059, MD 21663 19a, INFORMANT'S NAME (Type/Print) Robert G. Marshall 90 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 7359 must Capitol Crematory Services Dover, Delaware 22. NAME AND ADDRESS OF FACILITY
Harrison E. Leonard
312 S. Talbot St., examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 8 St. Michaels, MD 21663 medical 23. PART I. Enter tha disesses, or complications that caused tha death. Do not anter tha mode of dying, such as cardiec or respiratory strest, shock, or heart failure. List only one cause on each line interval Between Onsat and Daath **IMMEDIATE CAUSE (Final** Item 23 shows any Injury, or other traumatic event, the disease or condition resulting in death) CA COLON 12 10 DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUF TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 27 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Realdence 8 - Other (Specify) IMPORTANT: If Item 28 is marked, or 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 26 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 509 Idlewild Ave., Easton, MD Stephen P. Carney, M.D.,

32. REGISTRAR'S SIGNATURE

BALLIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	The state of the s
	4 hour	filled in	n. or r
- VII AL RECORDS, P.O. BOX 68/60,	The law requires that the death certificate be executed within 2.	e has been signed by the attending physician and completely f	the State Deor of Health and Mental Hydiene prior to burial cremation or removal
-	ICIAN:	certificat	the Sta

4	John Arthur Man	ger							2. DATE O	F OEATH DA		YEAR	3. TIME OF GEAT
	4. SOCIAL SECURITY NUMBER 212-03-6067	5. SEX 1 M 2 F	6. AGE (In yrs. lest		IF UNDER 1 Y	YEAR DAYS	IF UNDER 24	HRS. MIN.	7. DATE O	F BIRTH Day, Year) 3-1901		8. BIRTHP	LACE (State or Fo
NC.	9a. FACILITY NAME (It not institution, give Cherrywood Man		g Home				R LOCATION				9c. COUNT		ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		8	10c. CITY,	TOWN OR			8-8			200		10d. INSIDE CITY
	Maryland Balt 10e. STREET AND NUMBER	imore		Rei	ister	-	WID.				10g. CITIZI	EN OF WH	YES 2
FUNERAL	308 Norgulf Rd		IT EVER IN U.S.ARI	MED	13. WA		21136 ENDENT OF		IC ORIGIN?	(Specify Ves		S.A.	- American India
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 N	10	lf y	es, spe	2 NO	Maxica	n, Puerto Rk			Black, Specify:	White, atc.
ETED	1s, OECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		(Gh	CEDENT'S U ve kind of wo Do NOT use	ork done dun		ON st of working		16b. I	UND OF BUS	SINESS/INDU	STRY	
COMPL	11 17. FATHER'S NAME (First, Middle, Lest)	4	I	nstal	ller		18 MOTHE	R'S NAI		&P Te	Lepho	ne	
BE C	John Adam Mang	er										ne Ho	ffman
10	19a. INFORMANT'S NAME (Type/Print) Dolores D*Amari	•					nd Number or						
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACEA cemetery, gren	ND DATE OF	FDISPOSITI	ON /Nar	me of		DATE -93	20c, LO	CATION — CI	ity or Tow	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	B	22 2 603	Eck	ME AN	dt Fu	of fac	al Ch	apel	1 = =		ls, MD
,		a TIN	A CO C G AND C CAL	0 10	DAGE	has							
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. At A	OCGANICATION AS A CONSEO	DUENCE OF	CCAVA			21_	ne				
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. OUE TO d. One contributing to	(OR AS A CONSEQ	DUENCE OF)	CCA VA	erlylng	g cause glv	en In	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		MAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions of the condition	b. DUE TO c. OUE TO d. One contributing to	(OR AS A CONSEQ	NUENCE OF)	the under	erlying	g cause giv	ren In	Part I. :	24a. WAS AN PERFOR 1 YES 2	MED?		MAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condition	b. DUE TO c. OUE TO d. One contributing to DIESTORY HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, E)	(OR AS A CONSEQ OR AS A CONSEQ death but not re Profice ER/Outpatient 3	NUENCE OF)	of the under	26. PLJ g Home Bc. INJU	g cause glv	TH (Che	Part I. :	24a. WAS AN PERFOR	MED?	1	MAILABLE PRIOR COMPLETION OF C OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions are conditionally	b. DUE TO c. OUE TO d. One contributing to DIE TO	(OR AS A CONSEQ OR AS A CONSEQ death but not re Profice ER/Outpatient 3	DOA TIME	other:	26. PLI g Home WOP	ace of Dealer 5 Resk	TH (Che	Part I. ;	24e. WAS AN PERFOR 1 YES 2	MED?	URED	MAILABLE PRIOR COMPLETION OF C OF DEATH? I YES 2 1
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Dr. Elle melle . No mentered ber 2001

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		OWNE OF I	CE	RTIF	ICATI	E OF	DEAT	TH	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)	-								OF DEATH			3. TIME OF DEATH
	JOHN	EDWARI)	MINICK						JULY		[™] 199	3 YEAR	21:55 м
	4. SOCIAL SECURITY NUME	DER 5	. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH		S. BIRTI	IPLACE (State or Foreign
	213-18-290)1 1	💢 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	5/10	7191	9	Mar	ỹland
	9a. FACILITY NAME (If not in	stitution, give stree	t and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			T	INTY OF D	3
DIRECTOR	SACRED HEA		PITAL				CUMB	ERLA	ND,M	D		A	LLEG	ANY
ñ.	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Maryland	Garre	tt		Fro	stb	urg							LIMITS?
AL	10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CI	TIZEN OF V	VHAT COUNTRY?
EB	Star Route	, Box	41; Na	tional	Pik	е		215	32			lυ	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	Married	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 X N MAR OR DATES	O		If yes, spe			in, Puerto R	(Specify Yelican, etc.)	s or No—	Speci	
	15. DEC	EDENT'S EDUCAT	ION	16a DEC	FRENTIS	USUAL O	CCUBATIO	M		405	VIND OF BU	OWEGO III		hite
COMPLETED	(Specify only Elementary/Secondary (0	r highest grade cor	npleted) College (1-4 or 5 d	(Gh	ve kind of Do NOT u	work done se retired.)	during mo:	sI of workin	g	- 1	C S			
MP	/			Owne	er/0	per	ator	`		Gr	een I	Lant	ern	Rest.
	17. FATHER'S NAME (First, M.) John W. Mi							18. MOTH	ina	Lay	iddle, Maiden ton	Surname)		
BE (19a, INFORMANT'S NAME (7)	rpe/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Numbe	or, City or Tow	m. State. Z	o Code)	
2	Harry E. M	inick									burg			1532
	20e. METHOD OF DISPOSITI	n 3 🗆 Remova	from State	20b. PLACE A cemetery, cren	natory or o	ther place)				DATE			City or To	
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		SEE	<u>Mt. 7</u> j	on	Cem		D ADDRES	SS OF EA	B/3	/ Fr	ostb	urg.	, MD
	I do	7	Dum	w		Ne	wmar	Fu	ner	al H	omes ryla:		A. 2153	0.6
	23. PART i. Enter the di	sesses, or con	plicetions the	t ceused the des	sth. Do i	not enter	the mo	de of dvi	na. suc	h sa cardi	ec or resp	iratory a	ZIDS	Approximate
	shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	est feilure. Lis	CAC	se on each line.	4	NA								interval Between Onset and Death
1			DUE TO	(OR AS A CONSEO	UENCE O	F):			2 (\	_			
S	Sequentially list conditi	ons, b.	CA	RDIPE (OR AS A CONSECU		YSH	しこく	JI C	2 (ENIC	JOE)		
F	if sny, leading to immed cause. Enter UNDERLY!			PFUSQ.				-10	10 ÷					
윤	CAUSE (Disease or inju- that initiated events		DUE TO	OR AS A CONSECU	UENCE O	H:	20	عدالا	11172	24				
CERTIFICATION	resulting in desth) LAS	r 📗				,				•				
8		d							-					
4	PART II. Other significa	nt conditions o								Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	# NAR TE	25/0/20	17.80	OFF OF				-	>		1 TYES 2	215		COMPLETION OF CAUSE OF DEATH?
ME	CARCINO	MA,	Pla	MAL	CF	RU	200	2						1 YES 2 NO
ä	MAJOR DO	Dans,	(Sc											
호	25. WAS CASE REFERRED TO EXAMINER?	_	OSPITAL:			OTHER		ACE OF DE	EATH (Che	eck only one)			
PHYSICIAN:	I TYES 2 NO	1.	Inpatient 2	ER/Outpatient 3		4 🗆 Nun		5 🗆 Red	sidence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Natural 5 1	Pending	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c, INJU WOI	RIC?		28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
à l	2 Accident	nvestigation				M		ES 2 _	NO					
COMPLETED		Could not be felermined	building,	F INJURY — At hone etc. (Specify)	ne, tarm,	itreet, fact	ory, office			281, LOCA City or	TION (Street in Town, State)	and Numbe	r or Rural A	toute Number,
٦	29a. CERTIFIER (Check only	IFYING PHYSICIA	N: To the beat of	my knowledge, dea	th occurr	ed at the ti	me, date	and place	and due	to the caus	e(a) and mar	oner se etc	tad	
Š) and manner as stated.
	29b. SIGNATURE AND THE				_			29c. LICE						
ᆱ	7	Trees	r ab	Com- EX				T.	210	27		Z9d. DA	SIGNED A	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	OMPLETED CAUS	SE OF DEATH (ITEM			2	مل	210	010			0/0	071
	DR. ROBERT	WELIK,	M.D.,	902 SET			, CU	MBER	LAND	, MD	21502	2		
6	31. DATE FILED (Month, Day, 1	4 199	32. REGISTRA	PIS SIGNATURE	andal	L								



ng phys	he buri		
aftendi	use as t		
spital or	ned for		
the ho	e detacl		t once
ained by	q pinous		iffied a
y be ret	age 5 s		nust be notified at once.
se 6 ma	rector, p		must
ath. Pag	ineral di		amine
after de	by the fi	moval.	ical ex
SIN	filled in	in, or re	nt, the medica
within .	pletely 1	crematic	rent, th
xecuted	and con	bunial.	natic en
ate be e	nysician	prior to	r traun
certific	ld Bulpu	Hygiene	or othe
he death	the atte	Mental	njury,
s that t	aned by	alth and	s any i
v require	been sig	t. of He	Shows
The lay	ate has	tate Dep	tem 23
SICIAN	s certific	th the S	d, or i
ING PH	After this	leath wi	marke
ATTEND	ECTOR: 1	s after	n 28 ls
ITAL OR	RAL DIR	72 hou	If Her
E HOSP	E FUNE	d within	PITANT
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within a set after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bush	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF						YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Leet) MC WHIM	NEY, THE			AINE			2. DATE OF I	DEATH DA		YEAR 3	3. TIME OF DEATH 8 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	7		IF UNDER	58151	7. DATE OF 8 (Month, Day	y, Year)		B. BIRTH Country	
	579-40-0408 9a. FACILITY NAME (If not institution, give s		59 YRS.	9h CITY	TOWN C	R LOCATIO		NOV 14	, 19	33 W	_	INGTON DC
OR	Western Maryland							21742		Washi		
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c, Cf	TY, TOWN (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND GAF	RRETT		LAK								LIMITS?
3AL	100. STREET AND NUMBER	1.0			101	ZIP CODE						VHAT COUNTRY?
FUNERAL	1307 BROADFORD RO	12. WAS DECEDENT EVER II	ILLIS ADMED	12	WAS DEC		550	IC ORIGIN? (S	nacity Van	US		- American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES. IF YES, GIVE WAR OR DO UNKNOWN	2 NO		If yes, sp		n, Maxican	, Puerto Ricer		0, 100		, White, etc.
日日	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S (Give kind of life. Do NOT	S USUAL O	CCUPATIO	ON st of workin	g	16b. KIN	D OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	CARPENT					BLD	G. C	ONSTR	UCT	ION
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	ME (First, Middl	le, Maiden	Surname)		
BE	HARRY	McWH	INNEY	-		RU:			RIE			UPPETT
2	19s. INFORMANT'S NAME (Type/Print) MRS. ALMA KNOTTS		HC82		290			RORA,				
	20a. METHOD OF DISPOSITION 1	novel from State	other place) MEGA CRI			netery, cren	natory or			CATION C		W. VA.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22.	NAME AI	ND ADDRES	SS OF FAC	CILITY		O. BO		
	* folully	Huet MO	0167	D	URSI	FUN	ERAL	HOME				D. 21550
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that cause Liet only one cause on e		not enter	the mo	de of dyl	ng, auch	es cardiac	or reepi	ratory arre	at,	Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. CONGES	TIVE JH	EART	PI	MUR	Œ					Onset and Death
_		CAPASA	CONSEQUENCE	OF):	RM	110	FACE	-				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE	OF):		2 / 10	,,,,,					
SA	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DHE TO (OR AS	CONSEQUENCE	OED:			_					
E	that initiated events resulting in death) LAST	d.	CONSCORLINGE	J. J.								
	PART II. Other aignificant condition		ut not resulting	In the su	nderivin	C COLLEGE	ni nevir	Part I 24	MASAN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	SIMBUTES ME		at not roaditing	, an and di	Johnson	g cadeo ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AED AED	STUPER TONS	100							YES 2	Y NO		OF DEATH?
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:			ack only one)				
HYS	1 YES 2 TAID 27. MANNER OF DEATH	1 ☐ Impatient 2 ☐ ER/Out	28b. TI	ME OF	28c. IN.	JURY AT	sidence	6 Other (St		NJURY OCC	URED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M		YES 2] NO					
COMPLETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm	, street, fac	tory, offic	:e		281. LOCATIO	ON (Street a own, State)	and Number	or Rural i	Route Number,
2	Critica Crity	SICIAN: To the best of my know	riedge, death occu	rred at the	time, date	and place	, and dua	to the cause(s	a) and med	nner as state	d.	
8		ER: On the basis of examination	n and/or investigat	tion, in my	opinion, d	seath occu	red at the	time, deta and	i placa, an	d due to the	cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		edder			29c. LIC	38	94		. 0	SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WITH	1 00 /			VRI	Jan	76150	CDn.	NM	0 2	7212	
2	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	IATURE		7101	407	. OCK	SIUN	14 111	y al	172	
1	AUG 6 199	D LANGO	- Shakering	•								

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN			
11	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			3. TIME OF DEATN
	ThomAS NMZ	NOIAN				MONTH DA	1	YEAR 2	0200 (AM)
			rs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	0.0.000	X M 2 □ F 8.	5 YRS.	- 300		05-13-190)8		hington, DC
Œ	9e. FACILITY NAME (If not institution, give street	it and number)		ACCURATION AND ADDRESS OF THE PARTY OF THE P	OR LOCATION OF OE	EATH	9c. COUN	ITY OF D	EATH
DIRECTOR	Suburban Hospital			Bethes	da		Mo	ntgo	mery
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON				10d. INSIDE CITY LIMITS?
ō	Maryland Montgo	mery	Ch	evy Chas	e				1 X YES 2 NO
RAL	100. STREET AND NUMBER			101	. ZIP CODE		_		WHAT COUNTRY?
FUNERAL	108 Newlands Stree	2. WAS DECEDENT EVER IN U.	0 40450	40 1110 000	20815		_	S.A.	
	1 Never Married 2 Married	FORCES? 1 Y YES 2	2 NO	If yes, sp	ecify Cuben, Mexican	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No-	Black	American Indian, c, White, atc.
BY	3 Wildowed 4 Divorced	TEO, GIVE WAN ON DATE		I I TES	2 X NO Specify	<i>r</i> :		Speci	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 16 mpleted)	(Give kind of	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	INESS/IND	USTRY	
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	OWNER			OFFIC	T TO	II T Da A	773.700
W	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	OWNER		10 MOTHER'S NAI	OFFIC		UIPM	ENT
Ö	Thomas Nolan					et Mary Fo			
BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street a		Route Number, City or Town		Code)	
٩	James G. Nolan					y Chase, M		0815	
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remova			OF DISPOSITION (Na			CATION — C		
	4 Donation 5 Other (Specify)		NI ULIV	ET CEME			ningt		
	/	7 .		JOSE]	PH GAWLER	R'S SONS,	INC.	5130	Wisconsin
_	Vernoux/	mmore.	0	Ave.	, N.W. Wa	ashington,	D.C.	200	16
	23. PART I. Enter the diseases or con shock, or heart failure. Lis	applications that caused that only one cause on each	ne death. Do r n line.	not enter the mo	de of dying, auch	h as cardlec or reaple	ratory arre	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	Land.	07	7/	0 1				Onset and Death 9 days
	resulting in death)	DUE TO (OR AS A CO	INSEQUENCE OF	prom	bosi	v			1 days
z		Kerebro	10	riter	meles	one			ļ.
5	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CO							
2	CAUSE (Disease or Injury	DUE TO (OR AS A CO	NESOUENCE O						
CERTIFICATION	that initiated events resulting in death) LAST	702 10 (011 NO N 00	MOLGOLINOE OF	,,.					i l
	DART II Onto a stantilla and an atti								
CAL	PART II. Other significent conditions of	ontributing to deeth but	not resulting	In the underlying	cause given in i	Part I. 24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	Diplotter	M. O.	in	1		1 TYES 2	□ NO		DF DEATN?
PHYSICIAN: MEDIC	_ manue	Marie				_			1 TYES 2 NO
MAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATN (Che	ick only one)			
Sic		IOSPITAL:	nt 3 🗆 DOA	OTHER: 4 Nursing Nom	5 🗆 Residence	6 Other (Specify)			
F	27. MANNED OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JRY AT RK?	28d. DESCRIBE HOW IN	JURY OCC	URED	
B	2 Accident Investigation				ES 2 NO				
8	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, s	street, tactory, office	'	26t, LOCATION (Street as City or Town, State)	nd Number o	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N. Tankaharan							
M M		N: To the best of my knowledg On the basis of examination an							and manner as stated
	SO. SIDNATURE AND TITLE OF CENTURER		0		20c, LICENSE NUM				
H	Xosyl D	Sallae	edu	2	0-11	10_31	> 8	21	(Month, Day, Year)
٩	30 HAME AND ADDRESS OF PERSON WHO C					,		, ,	
	/ Joseph J. Wallace,	, M.D. 5272 R		oad-#340	Bethesd	a, MD 208	16-14	78	
	31. DATE FILED (Month, Day, Year)	PULLE DEVISION A							
	AUG 0 4 1993	- Service Company	proces						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARKLAND 71215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by externed at attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MANAGEMENT IS form of a bound of behavior for a state or an able of an analysis around the months of a second
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF HEA		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Less THOMAS	EDWIN NORRIS			J		1993	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-05-4102	1 💢 M 2 🗆 F	(In yrs. lest birthday) 92 YRS.	MONTHS DAYS HO	Se Min.	-		BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give CARRIAGE HIL RESIDENCE OF DECEDENT			96. CITY, TOWN OR LI BETI	OCATION OF DEATH HESDA		9c. COUNTY MON	OF DEATH NTGOMERY
DIRECTOR	10a. STATE 10b. COUN	tgomery		ry, town on Location 1ver Sprin				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 14513 Cobblesto				2090!	5		of what country?
₩	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X 100	If yes, specify		ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during most of se retired.)	working	166. KIND OF BUS		
COM	17. FATHER'S NAME (First, Middle, Last)		V100 1		. MOTHER'S NAME (First, Middle, Maiden :		
5 III	Eppa R. Norr	is			Loulie	Laskey		
2	Joan Norris DeM	oss		a ADDRESS (Street and N	lumber or Rural Route	Mumber, City or Town	ı, State, Zip Cod	de)
mest o	20a. METHOD OF DISPOSITION 1 Gurlel 2 X Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	SUDUTDAN	of disposition (Name of the place) Crematory)/ /			ring, Maryland
examiner must be	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Ra	pp	Rapp Fu		rvices, ƙ		ng, MD 20910
event, the medical	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	each line.		of dying, such as	n cardiac or respi	atory arrest	Approximate Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Cardio	A CONSEQUENCE O	la van	es de	ieuso		
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	d.	A CONSEQUENCE O	P):				
MEDICAL	PART II. Other significant condition	ns contributing to death t	out not resulting	In the underlying ca	use given in Pari	24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Check of	only one)		
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 12 Nursing Home 5	i ☐ Residence 6 ☐	Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation			JURY WORK? 1 YES	2 NO 284	d. OEȘCRIBE HOW IN	JURY OCCUR	ED
TED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, cify)	street, factory, offics	281	I. LOCATION (Street a City or Town, State)	nd Number or F	Pural Route Number,
BE COMPLETED	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of examination						suse(s) and manner as stated.
TO BE	290-BIOMATURE AND TITLE OF CERTIFI	inher 1	40	-	DIOZ	4	29d. DATE SI	GNED (Month), Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	MAZU MID	880°	5 Conn.	ho.	Chey Co	hose	M. 2085
	31. DATE FILED (Month, Day, Year) AUG 0 2 1993	32. REGISTRAR'S SIGN						

tal or attending physician. for use as the burial-transit permit BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOS TO THE FUNITION THE FUNITION THE MICHAEL WITHIN THE PORTAN
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

			ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Kl'a	NORMan	2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX Male 6. AGE (In yrs	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign		
	216-14-7755 M20F 60	YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) 2/4/1924	Vir	ginia	
<u>«</u>	9a. FACILITY NAME (# not Institution, give street and number) Harford Memorial Hospital	1.0	CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF DEATN		
25	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		Havre de Grace		Harfor		
DIRECTOR	Maryland Harford		erdeen		18d. INSIDE CITY LIMITS? 1XXYES 2 NO		
	10e. STREET AND NUMBER	1300	10f. ZIP CODE		10g. CITIZEN OF V	144	
FUNERAL	28 C East BelAir Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	454450	21001		USA		
B	1 Never Married Married 3 Widowed 4 Divorced Never Married Married FORCES? UXXYES 2 IF YES, GIVE WAR OR DATES WW II	□NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Maxica 1 TYES 2 NO Specifi	n, Puerto Rican, etc.)	or No— 14. RACI Bisci Speci	E — American Indian, k, Whita, atc. #y: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S USU (Give kind of work	IAL OCCUPATION done during most of working ired.)	16b. KIND OF BUSI	NESS/INDUSTRY	WIICE	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Civil Se		II. C. C.			
OM	17. FATNER'S NAME (First, Middle, Lest)	CIVII SE		ME (First, Middle, Maiden Si	overnmen	C	
BE	Benjamin Norman		Lomia		cazier		
2	Marjorie P. Norman		ast BelAir Ave			1001	
	20e. METNOD OF DISPOSITION 20b. PLA	CE AND DATE OF DI	SPOSITION (Name of		ATION — City or To		
	4 □ Donetion 5 □ Other (Specify) R.A	• Ferris			Cheste	r, PA	
	Lary R. XV. Leevas	· Me	Tarring-Cargo Aberdeen, Mar		me, P.A		
	23. PART i. Entar the diseases, or complications that caused the shock or heart failure. List Dnly Dns cause Dn sach	daath. Do not a	entar the mode of dying, suc	h aa cardlac or reapira	ntory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	1	00-100	Failur	D	Onset and Death	
	resulting in death) JUE TO (OR AS A CON	ISEQUENCE OF):	(oronae,	Tollar			
NO	Sequentially list conditions, DUE TO (OR AS A COM	obstr	ective p	1/115461	y d.	11:150	
CATI	cause. Entar UNDERLYING	(O C C . /	and now	dont			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	SEQUENCE OF):		1	,		
CER	d. 01/2010/	U CHI	Te (020	1101/054	1/02	d 15 case	
CAL	PART II. Other aignificant conditions contributing to death but no		a underlying cause given in	PERFORM	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	Clarente rend 7	Billia	8 1	1 104 UYES 2	DA10	OF DEATH?	
Z.	1	77.000		_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Ch				
НХВ	1 ☐ YES 2 ☐ MO 1 ☐ Inpetient 2 ☐ ER/Outpetient 27. MANNER of DEATH 28s. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Residence 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJ	JURY OCCURED		
ВУР	1 Accident	INJURY	M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Nomicide 8 Could not be detarmined	t home, farm, street	t, factory, offica	28t. LOCATION (Street and City or Town, State)	d Number or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and) and menner as stated.	
BE C	294 SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		29d. DATE SIGNED		
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM OD C	0/5-10	5	► 8/6/	93	
	BANG W. KIM, M.D	308 °	S. Union A	10 It me	vo de	Gino	
	AUG 09'93 32. REGISTRAR'S SIGNATUR	E	CALOR RIV	11 01	, ,,	MOZM	
Ш	HUU 0, 30 Guna Davie	lon-Bords	MZ		÷	DNMN-18 Rev 1/89	

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I note to the individue, or note to enous any injury, or outer	IPLETED BY PHYSICIAN: MEDICAL CERTIFIC
5	ΥS
2	ā
5	BY
:	Q
	ETE
	P
e J.	-

	REGISTRAR		CERT	IFIC/	ATE OF	DEATH	REG. N	IO.		
	1. DECEDENT'S NAME (First, Middle, Last) MAUDE	Edwards	NOTTIN	CHAI	vī		2. DATE OF DEATH MONTH 07	DAY 09	YEAR 93	3. TIME OF DEATH 0652 M
	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. lest birth	7	UNDER 1 YEAR	IF UNDER 24 HRS.		09		
	221-07-2338	1 🗆 M 2 💢 F	78 YR	1404	THE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-31-	14	Mary	
	9a. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN C	R LOCATION OF D	EATH	9c. COL	UNTY OF DE	
DIRECTOR	PENINSULA REGION	AL MEDICAL	CENTER	TER SALISBURY				WICOMICO		
Ä	10a. STATE 10b. COUNT	ry	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
	Maryland Wic	comico		Sal	isbury					LIMITS?
\¥	10e. STREET AND NUMBER				101	ZIP CODE		10g. CIT	TIZEN OF WH	IAT COUNTRY?
빌	Rt. 1, Box 595					21801		USA	A	
교	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EX	YER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yea or No-	14. RACE - Black.	- American Indian, White, atc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Specif			Specify	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION a complete of	16a. DECEDEN	T'S USU	AL OCCUPATION)N	16b. KIND OF I	USINESS/IN	DUSTRY	WILLE
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			done during mod ired.)	st or working				
₹	10		boo	kkee	per		bank			
8	17. FATHER'S NAME (First, Middle, Last)	L					ME (First, Middle, Maid			
BE	Edgar A. Nottingl	nam		Wia .av	A Williams					
2	Norma A. Nottingl	ham					Route Number, City or 1 Salisbury			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	TEOF DI	SPOSITION (Na		DATE 20c.			n, Stata
w o	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from Stata	Wicomic	or other p	emorial	l Park	7/13 S	alisb	ury, l	AD.
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE	1		22. NAME AN	D ADDRESS OF FA	CILITY			
	* WKAGO	1 -	Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801						21801	
	23. PART i. Enter the diseesea, or ahock, or heert fellure.	complications that de	Geed the deeth. C	o not e	nter the mo	de of dying, suc	h es cerdiec or res	piratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Fine)									Interval Between Onset and Death
	diseese or condition resulting in death)	ARTERIOS			DIOVAS	CULAR DI	SEASE			
		DUE TO (OR	AS A CONSEQUENC	E OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR	AS A CONSEQUENC	E OFI:						
CAT	cause. Enter UNDERLYING	6		•						!
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):						
H	resulting in death) LAST	d								
	PART II. Other eignificant condition	ne contributing to des	th but not resulting	ng in th	e underlying	ceuse given in	Part I. 24s. WAS	IN AUTOPSY	24b V	/ERE AUTOPSY FINDINGS
EDICAL	FRACTURED LET HI						PERF	ORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
	MITRAL VALVE AND		LVE REPLA	CEMI	ENT 198	87	1 YES	2 NO		F DEATH?
N N	HYPERTENSION								1 '	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)			
XSI(1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 - ER	Outpatient 3 🗆 DO		HER: Nursing Home	5 Residence	8 Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Y		TIME OF	28c. INJL WOF	JRY AT	28d. DESCRIBE NOV	INJURY OC	CURED	
B⊀	2 Accident Investigation	07-08-		.00	M 1 🗆 Y		FELL TO			
G .	3 Suicide 6 Could not be 4 Homicide determined	bulloing, atc.	JURY — At home, far (Specify) RY NURSIN				CIVIC AV	end Number		ure Number, URY, MD
	29a. CERTIFIER									OKI/ ND
COMPLETED	(Check only 1 CERTIFYING PNYS	ICIAN: To the best of my I ER: On the beals of axami								
16.	29b. SIGNATURE AND TITLE OF CERTIFIE		C C C C C C C C C C C C C C C C C C C	pation, in	my opinion, un					
H	SIGNATORE AND TITLE OF CERTIFIE	1 01	20	. \	mit	29c. LICENSE NUN				fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WA	IO COMPLETED CAGE O	F DEATH (ITEM 27)	VDe. Print	7.6	= /D0359	3		07–09	-93
	JOHN T. BULKELEY		, , ,		•	SALTSRITE	Y, MIX MAR	YLAND	, 218	01
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		/	J. 12 10 10 11	-/		, 220	
	JUL 1 3 1993	Julia David	son-Handell							
				_						

ne hospital or attending phy	letached for use as the bur		INCO.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HO	TO THE FUI	be filed with	IMPORTAL	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND DEATH	MENTAL HYGIEN		75 24305
	1. DECEDENT'S NAME (First, Middle, Last)	L. Neale				2. DATE OF DEATH MONTH D	"10 Z	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 207-22-1649	5. SEX	(In yrt. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) FEB. 17,19	0.	BIRTHPLACE (State or Foreign Country) ARRISBURG, PA.
OR	90. FACILITY HAME (If not institution, give sti			96. CITY, TOWN O	OR LOCATION OF D		_	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	DELAWARE SUSSE	X	FENV	VICK ISL	AND		10g. CITIZEI	1 X YES 2 NO
NER	2 WEST FARMINGTON				19944		US	SA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDEHT OF HISPAI ecity Cuben, Mexica 2 X NO Spect	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No — 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON est of working	16b. KIHD OF BUS	SINESS/INDUS	TRY
4PLE	Elementary/Secondary (0-12)	Callege (1-4 or 5+)	SALES			CONSTRU	CTION	SUPPLIES
CON	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden		
BE	P 19e. INFORMANT'S HAME (Type/Print)	AUL L. NEGLI			SARA R.			
5	MARY ANN NEGLEY					Route Number, City or Yow. FENWICK		
	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State 20b	PLACE AND DATE OF SET O	OF DISPOSITION (Na ther place)	ame of			y or Town, Stata
	21. SIGNATURE OF THE ERAL SERVICE LICE	INSEE _ /	REDME		TERY ND ADDRESS OF FA	7/14/93 S	FTRAAT	LLE, DE.
	· (Carles C	I Hast						ILLE, DE.19975
	23. PART I. Enter the diseasea, pr co ehock, or heart fellure. L	emplications that cause on a	the death. Do nach line.	ot enter the mo	de of dying, suc	h aa cerdlec or reapi	ratory arrest	t, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardia DUE TO (OR AS A	reppil	atom	An	est		Onset and Death Tuncel
_		DUE TO (OR AS A	CONSEQUENCE OF	7:				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7):				
IFIC/	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):				
CERT	resulting in death) LAST	,						
_	PART II. Other significent conditions	contributing to death be	ut not reculting i	n the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA						1 _ YES 2	Xno	OF DEATH?
Z ≥						-		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMIHER?	HOSPITAL: 3.4		26. PL	ACE OF DEATH (Ch	eck only one)		
IXSI	1 VES 2 NO	1 Inpatient 2 ER/Outp		4 - Hursing Hom		6 Other (Specify)		
=	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	URY AT AK? (ES 2 NO	28d. DEŞCRIBE HOW II	IJURY OCCUR	PED
D BY	2 Arbident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s			26f. LOCATION (Street a City or Yown, State)	nd Number or i	Rural Route Number,
<u>13</u>	4 Homicide determined			<u>.</u>				
COMPLETED		IAN: To the best of my knowl On the besis of exemination						ouse(s) and manner as stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIER		2	1 15	29c. LICENSE NUN			IGNED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	wan	all	D387	769	>7/1	093
	- Nicholas	N. Bora	elusia, 1	M.D.	1400 (Faiwi	ck Isla	hway	De. 19944
12	7/10 UUB 1 4 19	932. REGISTRAR'S SIGNA	elusia, 1 ATURE Vidson-Rank	Lell				

O SHOP A P. Alle A.

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9	3	2	4	3	0	6

	t, Middle, Last)		CI							OF DEATH			3. TIME OF DEATH
WTT.T.TAM		DAI	ITD		OGI	DEN			TUT		AY 7 1	YEAR 1993	
4. SOCIAL SECURITY NUM	9ER	5. SEX 6. AGE (In		t birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
215 26 0037	7	1 X M 2 🗆 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	1, Day, Year) 1 27,	1910	Mar	yland
9a. FACILITY NAME (If not a	institution, give a	ireet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF O	EATH			NTY OF D	
1660 Wester		Blvd.			-	St.	Leon	ard			Ca.	Lvert	
PESIDENCE OF DE	CEDENT				y, TOWN								
Maryland							derio	k					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER													1 YES 2 NO
	2130 Solomons Island Road					101. ZIP CODE 2067					10g. CH	USA	VHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D					If yes, sp		n, Maxica	ın, Puerto !	17 (Specify Ye Rican, atc.)	s or No—		- American Indian, K, While, etc. W: White
(Specify or Elementary/Secondary ((Specify only highest grade completed) (C					DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) UCK Driver State Roads							
17. FATHER'S NAME (Flost, RO	2000	da Lasi) ert Lee Ogden								Middle, Meiden Bowen	Surname)		
19a, INFORMANT'S NAME										ber, City or Tox			aryland 20
W. Page Ogd				_		_		es B	Iva.		_		
26a. METHOD OF DISPOSI 1 CBurlel 2 Cremeti 4 Donation 5 Othe	1 2 Cremation 3 Removal from State cemetery, cremetory or other place!				8/3	/93		nce		wn, Stata erickMaryl			
21. SIGNATURE OF FUNER	1.7. 77	ENSEE	Meste	y ce			D ADORES		CILITY				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home 4405 Broomes Is. Rd. Port Republic Maryland													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other aignific		d. CATO -	leath but not r	reauiting	in the u	nderlyin	g cause g	jiven in	Part I.	24a, WAS APPERFO	RMED?	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only one)												
	DO MEDICAL					26. PL	ACE OF O	EATH (Ch	eck only or	ne)			
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	DO MEDICAL	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHE	R:				A CANADA			
EXAMINER? 1 ☐ YES 2 ☑ NO 2? MANNER-OF DEATH	Ponding	HOSPITAL: 1 Inpetiant 2 28a. DATE OF II (Month, Day	NJURY	28b. TIN	4 🗆 Nu	R: rsing Hom 28c, INJ WO	• 5 X Re URY AT RK?	aldence	6 🗆 Othe	A CANADA	INJURY OC	CURED	
EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5 2 Accident		1 Inpatient 2 In 28a. DATE OF II (Month, Day	NJURY	28b. TIN	4 - Nu IE OF JURY M	R: rsing Hom 28c. INJ WO 1 🔲	• 5 X Re URY AT PK? YES 2	aldence	8 Othe 28d, DES 28f, LOC	r (Specify)	and Numbe		Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 20a. CERTIFIER (Check only) 1 CEF	Pending Investigation Could not be datermined	1 Dinpetiant 2 E	NJURY (, Year) INJURY — At ho nc. (Specify)	28b. Till IN.	4 Nu NE OF JURY M street, fac	R: rsing Hom 28c. INJ W0 1 ** ttory, office Ilme, data	o 5 X Ra URY AT RK? YES 2 a	NO and due	6 Othe 28d. DES 28f. LOC City	CRIBE HOW ATION (Street or Town, State	and Numbe) nner aa sta	r or Rural i	
EXAMINER? 1 YES 2 PNO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 29b. SIGNATURE AND TITL	Pending Investigation Could not be datermined TIFYING PHYSI DICAL EXAMINE	1 ☐ inpetiant 2 ☐ 28a. DATE OF in (Month, Da) 28e. PLACE OF building, a CIAN: To the best of m. R: On the bests of axa	NJURY (, Year) INJURY — At ho nc. (Specify)	28b. Till IN.	4 Nu NE OF JURY M street, fac	R: rsing Hom 28c. INJ W0 1 ** ttory, office Ilme, data	o 5 X Ra URY AT RK? YES 2 a	NO NO and due	6 Othe 28d. DES 28f. LOC City 1 to the cau	CRIBE HOW ATION (Street or Town, State	and Numbe	r or Rural i	acute Number, and manner as stated. (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68766,

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	R	EG. NO.			
)1	1. DECEDENT'S NAME (First, Middle, Last) B JARNE MA	ARINUS PE	DERSEN					2. DATE OF E	EATH DAY	T ZEAR	3. TIME OF DE	EATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. la:	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF B		a. BIRTI	IPLACE (State or	Foreign
- 3	393-40-5114	1 🔀 M 2 🗍 F	68	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day MARCH		Count	ny)	
	9s. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, 1	O NWO	R LOCATION OF DE			25 DE		
DIRECTOR	351320-	VHEATON				EAT			1	10NTGO		
E E	10e. STATE 10b. COUNTY			10c. CIT	r, TOWN OR	LOCAT	ION				10d. INSIDE CI	TY
		TGOMERY			LVER	SPE	RING				LIMITS?	□ NO
FUNERAL	1956 FLOWERING	TREE TE	RRACE			101.	ZIP CODE 209(02	10g.	DENMA	WHAT COUNTRY	7
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X	MED NO	16.3	yes, spe	ENDENT OF HISPAN letty Cuban, Mexical 2 NO Specify	n, Puerto Rican			E — American In k, Whita, etc.	ndian,
0	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OCC	CITAGUE	N .	MRS ALIM	D OF BUSINESS	C/INDHETEY	WHITE	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(G	ive kind of w Do NOT us	rork done du e retired.)	ring mos	st of working	FOIL PURE	OF BUSHNESS	S/INDUSTRI		
COMPLETED	12	Conege (I-4 or 5+)	BA	KER			BAKERY					
0	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA	ME (First, Middle	, Malden Sumar	me)		
	SOREN	PEDERSEN					MARIANI		KIRSTI	.,		
) BE	19s. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS (Street ar	nd Number or Rural F	Route Number, C	ity or Town, State	e, Zip Code)		
2	NANCY L. ALMOND 1956 FLOWERING TREE TERRA										ING, MD	2090
!	20s. METHOD OF DISPOSITION 1 Generation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completely crematory or other place) METROPOLITAN CREMATORY 8/5 ALEXANDRIA,									own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Timathet	A Come	dul	1	FRA	ANCI	IS J. COI	LITNS I	FUNERAL	HOME	INC.	2000
	23. PART I. Enter the diseases, of c shock, or heart failure. I	omplications that c	aused the de	ath. Do n	ot enter th	ha mod	da of dying, suci	as cardiac	or respiratory	y arrest,	Approxi	mate
- 1	IMMEDIATE CAUSE (Final	and only one bodge					1					Between and Death
1	disesse or condition resulting in death)		CE	- de	00	20	ouler	1	500	So.		
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF)											
TA	if any, leading to immediate cause, Enter UNDERLYING											
SE	CAUSE (Disease or injury C.											
CERTIFICATION	that initiated events resulting in death) LAST				,						į	- 1
E	d											
	PART II. Other significant conditions	contributing to de	ath but not r	esulting i	n the unde	erlying	ceuse given in	Part I. 24a.	WAS AN AUTO		WERE AUTOPSY	
EDICAL	70	acto.	rea		EFE	>	•	1	YES 2 N		COMPLETION OF	
Ų.									,		OF DEATH?	T NO
2												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH (Che	ack only one)				
SIC	EXAMINER? YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	g Home	5 Residence	8 Other (Sou	icf(y)			
É I	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIMI	OF 2	Bc. INJL	JRY AT		E HOW INJURY	OCCURED	1 1	dere
BY	1 Natural 5 Pending 2 Accident Investigation	4-10-	-93	123		1 Y		>	el(7	TOPA	Mash	CHALL
	3 Suicide 8 Could not be	28e. PLACE OF III	VJURY - At he	me, farm, s	treet, lector	y, office	`	28f. LOCATION	(Street and Nu	mber or Rural I	Route Number,	20
E	4 Homicide determined		LS (K	0	et	0	- sour	City or Tov		202	coloni	tou.
ן ב	294. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	ath occurre	d at the time	o data	and place and due	to the country			4000	
COMPLETED		R: On the basis of exam) and manner as	stated.
	29b. SIGNATURE AND TITLE OF GERTIFIER										100000000000000000000000000000000000000	
B		1	Ora		4	, l	29c. LICENSE NUM	BER	29d.	DATE SIGNED	(Month, Day You	2
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	DE DEATH (ITS	M 27 /F	Oriot's		1000	2		3	2 1.	->
	ALI	Tomple IED CAUSE	OF DEATH (ITE	770	Print)		1,1:6-	onsi	A A	. se.	737	Tueso
	31. DATE FILED (Month, Day, Year)	324 REGISTRARIS	SIGN TOP 1	20 4	7 6	2	000	DU 7 11	7 1		100	CONTRACTOR
	AUG 0 6 1993	gula David	bor / Sind									
) I	MAR A 1000	LAI	_									

3. TIME OF DEATH
3:50 P

Α.

PAZAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
-		065-16-705	6	1 🖳 M 2 🗆 F	73	YRS.	MONTHS DAYS	HOURS	MIN.	Oc.	t. 11, 1	919	CNEW	YORK	
ħ	NO NO	90. FACILITY NAME (If not in 7089 MINK	HOLLC				эь. СІТУ, ТОМА Н І	GHLAN	ON OF DE			9c. COU	HOWA		
"	ECTOR	RESIDENCE OF DEC													
nit. Pag	OIR	MD.	HOWA			H.	TOWN OR LOC IGHLAND	ATION						Id. INSIDE CITY LIMITS? Y VES 2 1 NO	
the bunal-transit permit.	FUNERAL	7089 MINK	HOLLO	W ROAD			1	Of. ZIP CODE	2077	77			ZEN OF WHA	T COUNTRY?	
al-tra	5	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DE	CENDENT C	F HISPAN	IIC ORIGI	N? (Specify Yee	Specify Yee or No 14. RACE American Indian,			
as the bur	ВУ	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V	VAR OR DATES WWII	INO		pecify Cube \$ 2 X NO			Rican, etc.)		Specify:	WHITE	
nse	TED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(Give kind of w	USUAL OCCUPAT	ION lost of working	ıa	16	b. KIND OF BUS	SINESS/IND	USTRY		
ned for	APLET	Elementary/Secondary (0	1-12)	6 College (1-4 or 5	- lit	e. Do NOT use	ICAL EN		-		DRUG	CO.			
o should be detached for notified at once.	E COMPL	17. FATHER'S NAME (First, M STEPHEN PA	Iddie, Last) ZAR						ER'S NA		Middle, Maiden GEOR	Sumeme) GIADE	S		
o should	10 B	190. INFORMANT'S NAME (I			1	9b. MAILING	ADDRESS (Street		or Rural F			n, State, Zip	Code)		
90		20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Magnet)									Carlo				
		1 General Surfection S Cremation S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from State Comparison S Grand Removal from S													
e runeral di il. examiner		21. SIGNATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882													
val.		· Thu	ry	A 1 de	Refu	1	2152	5 LAY	TONS	SVIL	LE RD.	LAYT	ONSVI	LLE, MD.	
or removal.		23. PART i. Enter the di shock, or h	seesea, or c	complications the	t caused the d	eath. Do n	ot enter tha m	ode of dyi	ng, aucl	h aa car	diac or reapi	ratory arr	est,	Approximata	
DO. OF		IMMEDIATE CAUSE (Fin			LUNG				F 00		- 5 40	41		Interval Between Onset and Death	
il. cremation.		resulting in death)	→	8					6 14	PH	156 101			74R. 16 4R.	
rial, cr	_		-	DUE 10	(OR AS A CONSE	EOUENCE OF):								
to but	§	Sequentielly list conditi		bDUE TO	(OR AS A CONSE	OUENCE OF):								
prior	<u>S</u>	CAUSE (Disease or Injury													
on syrica by the attending physican are completely me of Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the	CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST													
lental ury, o		DADT II ON as a selection		d											
bept. of Health and Menta 23 shows any injury,	MEDICAL	PART ii. Other significe	nt condition	a contributing to	deeth but not	resulting in	the underlyli	ng ceuse g	in nevig	Part i.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINGINGS AILABLE PRIOR TO	
ealth vs an	EDI									_	1 TYES 2	NO	OF	MPLETION OF CAUSE DEATH?	
shov	Σ.												1 (YES 2 THO	
	CIAN:	25. WAS CASE REFERRED TO	MEDICAL				26. F	LACE OF DI	EATH (Che	ack only o	ne)				
State D	- TO	EXAMINER? 1 YES 2 MYO		HOSPITAL:	ER/Outpatient		OTHER: 4 Nursing Ho								
th the	PHY	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	26b. TIME	OF 28c, IN	JURY AT	T		SCRIBE HOW IN	JURY OCC	URED		
eath with the marked, or	BY		Pending Investigation	(Monor, D	ay, reary	INJU		ORK? YES 2	NO						
after d	ETED E	3 Suicide 6	Could not be Setermined	26e. PLACE O building,	F INJURY — AI h atc. (Specify)	ome, ferm, st	reel, fectory, offi	ce		26f. LOC City	ATION (Street e or Town, Stete)	nd Number	or Rural Rout	e Number,	
ten lour	Ä	29e. CERTIFIER	IFYING PHYSI	CIAN: To the best of	mu konwlados, d	anth annum	d ad the diese day					- 675			
be filed within 72 h	COMPL	(Check only one) 2 MEDI	CAL EXAMINE	R: On the beele of e	xamination end/or	Investigation	, in my opinion,	e end place, death occur	end due	to the ca time, date	use(e) end man e end place, end	d due to the	ed. e ceuse(e) en	d menner ee stated.	
filed w	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	- 010				29c. LICE						onth, Day, Year)	
2 2 3	6	30. NAME AND ADDRESS OF	PERSON WILL	COMPLETED ONLY	E OF DEATH #==	THE ATT CT	0.1-4	02	363	0		▶ 8	-5-9	3	
		Fronk J.	WAY	0, 00	16220	Free	orine) derick	RD	42	13.	60:140	ribur	9. MD	20877	
		AUG 0		32. DECUSTRA	B'S SIGNATURE	indell									
1		71000	1000												

	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ter de	the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al ex
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND	MENTA			93	24309
	1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICAI	E OF	DEA	IH.	I	REG. NO).	_	
	Josephine	0		Puz	10.0	1			2. DATI	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	<u> </u>								8		73	10- A M
	195-10-2167	5. SEX	6. AGE (In yrs. las	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	e of Birth hth, Day, Year) -15-19		8. BIRTHP Country)	PA
NC.	90. FACILITY NAME (If not institution, give a		Cancer C	enk		Y, TOWN	OR LOCATION	ON OF D	EATH		9c. COUN		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT					OR LOCA							10d. INSIDE CITY
1 %	MD How	ard		F	114	ott	City	,					LIMITS?
	10e. STREET AND NUMBER	/ard		1 1	TTT		f. ZIP CODI			_	10c CITIZ		IAT COUNTRY?
<u>e</u>	2766 Dlam Carring	Τ											IAI COONTHIT
FUNERAL	3766 Plum Spring		IT EVER IN U.S. AR	MED	1 40	W# 0 DEC	2104				USA		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO	13	If yes, sp	ecify Cube	n, Maxica	in, Puerto	N? (Specify Yes Rican, etc.)	s of No—	Black, Specify	- American Indian, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL (CCUPATIO	DN		166	b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	ive kind of v Do NOT us	e retired.)	at of working	ng					
₽ E	12		Ac	ccoun	tant					Westin	nghous	e De	fense
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden			
8	Joseph Kierash									lznowsl			
2	19a. INFORMANT'S NAME (Type/Print)	Stanley								nber, City or Tow			210/0
	20a, METHOD OF DISPOSITION	beamiey	X	_				Lai					
	1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE / cometary, cre	emetory or of	her plece WIN	SITION (Na	ame of	8	3-5-9		cation — c		n, State 1e MD
1 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1.		22	NAME A	ND ADDRES	SS OF FA	CILITY				
	> Harry	31 211	15%							meral			
	23. PART I. Enter the diseases, or	complications the	t caused the de	ath. Do n	ot ente	r the mo	CO I 11	mbia	Pik	ce EIIi	cott	City	Md 21043
1 1	snock, or neert failure.	Liet only one ceu	se on each line).			ac c. c,.		.,	aloc of Teep	natory arte	at,	interval Between
ΙI	IMMEDIATE CAUSE (Final disease or condition	p.	eumoni										Onset and Death
1 1	resulting in death)		(OR AS A CONSEC										4 days
_		^			*			-	1				
S	Sequentially list conditions,	b. IVES	tnoture (OR AS A CONSEC	D LL (MOV	any	olise	eas)				year
₹	If any, leading to immediate cause. Enter UNDERLYING		1										12 years
[윤]	CAUSE (Disease or Injury that initiated events		(OR AS A CONSEC	OUENCE OF	<u>er .</u>								12 years
ERTIFICATION	resulting in death) LAST				,.								İ
빙		o											+
4	PART II. Other aignificent condition	s contributing to	death but not r	eaulting i	n the u	nderiyin	g cause g	jiven in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
일										PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL				_			_						OF DEATH?
													YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF DI	FATH /Ch	ack only o	onl			
잃	EXAMINER? 1 YES 2 NO	HOSPITAL:	EBIO. HT. H. O.		OTHE	R:							
РНҮ	27. MANNER OF DEATH	28s. DATE OF		28b. TIMI		28c. INJ	e 5 Re	sidence		SCRIBE HOW I	H HIRV OCCU	IDED.	
	1 Netural 5 Pending	(Month, D		INJ	URY	WO	PRK?	I NO	200. DE	SCHIBE HOW I	NJUNY OCCU	HED	
βÁ	2 Accident Investigation	28a, PLACE O	F INJURY — At ho	me term e	tract for			, NO	201 1 00	DATION (Or		2 12	
TED	3 Suicide 8 Could not be determined	building,	atc. (Specify)	ine, ratin, a	eroot, rac	tory, ome			C/hy	CATION (Street a or Town, State)	and Number o	r Hural Roo	rie Number,
ا يا	294. CERTIFIER 1 DE CERTIFYING PHYSI	CIAN: To the best of	my knowledge de	ath occur-	d at the	time data	and plan-	and di	to the re				
COMPLET	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
Ü Ш	29b. SIGNATURE AND TITLE OF CERTIFIE			-			29c. LICE						Aonth, Day, Year)
8	Laurence A w	Tan Da	Re, M.D.						809			12/0	. ,. ,
2	36 NAME AND ADDRESS OF PERSON WA				- 1			- 0	001		0/	4/0	1)

Univ. of Md. Hosp.,

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38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Doyle , M.D.,

lie Davidson-Randall

aurence Austra

31. Date FILED (Month, Day, Year)

AUG 0 5 '93

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BALTIMORE, MARYLAND 21215-0020

Page 6 muscbe retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the time be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal? — IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,	Middle, Last)	T 3777	Myrtle	Dorre	-11				2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	-								Augus		1993		5:00 A M
	213-48-0677		5. SEX 1 M 2 X F	6. AGE (In yrs. lad 99	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D Aug.	lay, Year)	893	Counti	HPLACE (State or Foreign ry) Maryland
HZ	9a. FACILITY NAME (If not in Suburban I	_					y, TOWN ethe	or Locati				9c. COU	NTY OF D	EATH
5	RESIDENCE OF DEC													
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland	Montg	omery			Germ	anto	wn						1 TES 2 XXNO
₹	10e. STREET AND NUMBER						10	H. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
	20629 Darn	estown-	-Germanto	own Road	d			208	74			Uni	ted	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2XX	RMED NO		If yes, s	CENDENT Control Cubic State Cubic State Cubic	n, Mexica	IIC ORIGIN? (5 n, Puerto Rice 7:	Specify Yes an, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, atc. //y: White
	15. DEC	EDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KI	ND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	highest grade co	College (1-4 or 5+)	(G life	ilve kind of v . Do NOT us	work done se retired.)	during m	ost of working	ng .					
립	12				omema	aker					0	wn Ho	ome	
S I	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTI	HER'S NAI	ME (First, Midd				
	Elijah Th	nomas M:	ills							Davis		,		
BE	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRES	S (Street			Poute Number,	City or Town	State 7in	Corfel	
일	William E.	Perrel:	1							, Napl				33964
	20a. METHOD OF DISPOSIT: 1 🔀 Burlal 2 🗆 Crematio 4 🗆 Donation 5 🗆 Other		al from State	20b. PLACE	AND DATE O	OF DISPOS	SITION /N	ame of		OATE	20c. LO	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERA		NSEE / .	1 Moun	C 011	22.	NAME A	ND ADDRE	SS OF FAC	2/32				Maryland
	· Michi	I E	. Shegi	area.	00846	RU	CK V	tire,	Mal	yrand	208	50-2	805	Rockville,
	IMMEDIATE CAUSE (Findisesse or condition	eart fellure. Li	st only one ceus	e on eech line							or respi	ratory sn	rest,	Approximate Interval Between Onset and Death
H	resulting in death)	a.	DUE TO (OR AS A CONSE	OUENCE OF	NL /37(1 F):	27	13	re	725				
NO	Sequentially list conditi		AB DUE TO (DO PI	MAT.	R	ms s	CF11	10	FRO-	NOT	2171		
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju	NG		OR AS A CONSE				-	/	RULT				
	that initiated events resulting in death) LAS)		
H.	resolting in destin) LAS	d.		DNAFS	TILE	1	13/	mor	F	ALLU	16.			
	PART II. Other significe	nt conditions	contributing to c	eath but not i	resulting I	n the u	nderivin	C COUSE C	tiven in	Part I 24	a. WAS AN	Allmoev	245	. WERE AUTOPSY FINDINGS
EDICAL			C Pri					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ַה ה							~41.			_ 1	YES 2	ON NO		OF DEATH?
Σ			VERZE		200	2 [01	77			_		`		1 TES 2 NO
PHYSICIAN:			SUT 1217	(m)	0									/
ੂੋ ∥	25. WAS CASE REFERRED TO EXAMINER?	1	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ick only one)				
Σ	1 TYES 2 NO		Inpetient 2 🗆			4 🗆 Nur	rsing Hon		sidence	6 Other (S	pecify)			
ВУ РН		Pending Investigation	26s. DATE OF II (Month, Day		26b. TIMI		W	JURY AT ORK? YES 2] NO	28d. DESCR	BE HOW I	IJURY OC	CURED	
OMPLETED E	3 Suicide 6	Could not be determined	28e. PLACE OF building, a	INJURY — At ho ic. (Specify)	me, ferm, s	treet, tec	tory, offic	ie .		28f. LOCATIO	ON (Street e own, State)	nd Number	or Rural R	Route Number,
ון ב	29a. CERTIFIER 1N-CERT	IFYING PHYSICIA	AN: To the best of n	v knowledne de	ath occurs	ed at the t	time date	and place	and due	to the owner	n) and man		and a	
														i) and manner ea stated.
BE	29b. SIGNATURE AND TITLE	TUZU						29c. LICE	NSE NUM	1BER 27 /	mn	29d. DAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADOPTESS OF	BAKS &	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,		olo) e	100	yehr	un n	d	Bett	anda
	AUG 0 6		Filia Dina	S SIGNATURE A	J.				1	100			-(t)	20% 14

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RE, MARYLAND 21215-0020 by be regard by the hospital or ettending physici

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after seam. Page 6
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1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Parrot 5: 43 Pu 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 - F Ohio 05-25-2 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard Co General Hospita Columbia DIRECTOR Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Highland 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13064 Deanmar Drive 20777 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ⊠ NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrie 1 TES 2 NO Specify BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 12 lary (0-12) Registered Nurse D.C. Health Department 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Paul McDonough Agatha Wispiser Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Parrott 13064 Deanmar Dr. Highland, Md. 2 20s. METHOD OF DISPOSITION

1 \$\overline{A}\$ Burtal 2 \(\subseteq \text{Cremation} \) 3 \(\subseteq \text{Removal from State} \)
4 \(\overline{A}\$ Donation 5 \(\overline{A}\$ Other (Specify) ____ 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE HILL Heaven Gate of 8/4 Silver Spring, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave. Sil. SPr. MD20904 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death has been signed by the attending physician and completely filler. Dept. of Health and Memal Hygiene prior to burial, cremation, 123 shows any Injury, or other traumatic event, the Respiratory touture disease or condition_ resulting in death) Drannococc rizh Over 2 week PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUETO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING over 2 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) weeks that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 WES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ltem 2 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA se 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 20d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. The state of the cause(s) and manner as stated. The state of the cause(s) are the state of the cause(s) and due to the TO THE HOSPITAL TO THE FUNERAL DE filed within 72 h occured at the time, date and place, and due to the cause(s) end manner ee stated, 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2268 101 2 32. BEGISTRAR'S SIGNATURE whice Davidson 05 AllG 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND DEATH	MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last Irma Quaid)				MONT		1993	3. TIME OF DEATN 2:19 p		
đ	4. SOCIAL SECURITY NUMBER 578-62-0847	5. SEX 6. AC	(In yrs. last birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) ist 13.		BIRTHPLACE (State or Foreign Country) Washington, D		
Œ	Se. FACILITY NAME (If not institution, give				DR LOCATION OF			9c. COUNTY	OF DEATN		
DIRECTOR	Shady Grove Adversidence of Decement			Rockv				Montg	omery		
	MD. Mo	ntgomery		Betheso	la				1 YES 2 X ND		
FUNERAL	100. STREET AND NUMBER 10007 Broad St	reet			01. ZIP CODE 20814				S.A.		
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FDRCES? 1 YOU IF YES, GIVE WAR OF	ES 2 ND	if yes,	CENDENT OF NISP/ specify Cuben, Mexk S 2 ND Spec	en, Puerto		or No- 14.	RACE — American Indien, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during i	TIDN nost of working	161	, KIND OF BUS	BINESS/INDUST	TRY		
OMPL	17. FATHER'S NAME (First, Middle, Last)	4	Teach	ner	18. MOTHER'S N			tary S	chool		
BE C	Edward	Burch					The state of the	Cooke			
9	190. INFORMANT'S NAME (Type/Print) Patricia K. Mar	shall			treet, B						
H	20e. METHOD DF DISPOSITION 1 🂢 Burlel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from Stats	20b. PLACE AND DATE of cemetary, crematory Cedar Hill	DF DISPOSITIO	N (Name	DAT	E 20c. LO		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE		line	22. NAME	AND ADDRESS OF F	ACILITY	DeVol	Funera	1 Home urg, MD. 2087		
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Atheroso DUE TO (DR A C. Hyperly)	JA CONSEDUENCE OF	14/2010 V	Balar	Dese	easl		3+ year		
: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. COON CHUCEN CERNAL VAS CULTURE DESCASE 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND 1 YES 2 ND 1 YES 2 ND										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Check only o	ne)				
PHYSI	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/0 28e. DATE DF INJU (Month, Day, Ye)	RY 28b, TIM	4 Nursing N	ome 5 Residence NJURY AT WORK?	1		NJURY OCCUP	RED		
ED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide Investigation Investigation 4 Homicide Investigation Invest	CATION (Street or Town, State)		Rural Route Number,							
COMPLET	onel -	/SICIAN: To the best of my k							euse(s) end manner as stated.		
BE C	296. LICENSE NUMBER 29d. DATE SIGNED (Month, D										
TO E	39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	Thomas J. McNama	ara 5602 Sh	ields Driv	ve, Bet	hesda, M	208	17-357	1			
	AUG 03 1993	The Devices	Matister								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit.
TAL B	N: The law re	Crate has bee
NOFV	IG PHYSICIAN	ter this certifi
DIVISIO	OR ATTENDIA	DIRECTOR: Af

notified at once. must be examiner the medical Item 23 shows any Injury, or other traumatic event, 6 L OR ATTENDING PHYSIC L DIRECTOR: After this ce hours after death with the marked, 28 Is Hem FUNERAL I HOSPITAL Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 7.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ADELE ROSENBAUM JULY 26,1993 8:01 84 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) AUG. 17, 1914 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS. NEW YORK 065-12-6550 78 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR 3330 N. LEISURE WORLD BLVD. #723 SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3330 N. LEISURE WORLD BLVD. #723 20906 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 🔯 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
Me. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ ENGLISH TEACHER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) NATHAN BORSUK LUBA AXELROD BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 NATHAN ROSENBAUM 6101 MANLEY PLACE SPRINGFIELD, VIRGINIA 22152 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ☑ Cremation 3 □ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 7/27 ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. MC 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List brily one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition___ 0 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate QUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES E NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA se 6 [] Other (Specify) 27. MAYNER OF DEATH 26s. DATE OF INJURY (Mover, Dec. Year) 286. TIME OF 28s. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 / Netural S Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Spacify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rayn, State) 6 Could not be COMPLETED 4 🔲 Homicide 29s. CERTIFIER t La BERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated 2 MEDICAL EXAMINER: On the b ed at the time, date and place, and due to the cause(s) and manner as stated. 60 B 95 6 2 LETED CARSE OF DEATH (ITEM/27) (Type, Print) 4, 18111 PRINCE PHILIP DRIVE OLNEY, MD. 20832 31. DATE FILEO (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE 2 7 1993

	1 - STATE REGISTRAR	STATE OF N) / DEPAF CERTIF					MENT	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							7	2, DA	TE OF DEATH			3. TIME OF DEATH
	NANCY	-		REECE						AUGUST 2	Ž, 19	93	7:17 A M
	4. SOCIAL SECURITY NUMBER 215-38-7232	5. SEX	8. AGE (In yrs. I	lest birthday) YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS. MIN.	7. DA	onth, Day, Year 9	10	6. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	- 1	81	Tha.	9b. CIT	Y, TOWN O	OP LOCATI	ON OF DI		• 1, 17	9c. COUN	TEN	
SR.	SHADY GROVE ADVE		SPITAL		-		CKVII		SAIn			TGOM	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			1 400 CIT		OR LOCAT					1101.		
DIRECTOR		OMERY		10c. Cr		MANT							IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						. ZIP CODI	E			10g. CITIZ		I YES 24L NO
FUNERAL	17600 ROGER DRIV	E						2	087	4		USA	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIYE W	YES 2.	ARMED NO		If yee, spe	ENDENT O	en, Mexica	n, Puer	GIN? (Specify Yes to Rican, etc.)	or No-	I4. RACE - Black, Specify:	- American Indian, White, etc. WHITE
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)		DECEDENT'S (Give kind of	work done	during mos	IN est of working	ng	1	16b. KIND OF BUS	INESS/INOU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	Me. Do NOT u	ise retired.)	-		•	HOME				
OM	17. FATHER'S NAME (First, Middle, Lest)			0.111.11	IXEL	18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE C	PERRY McDANIEL	1					ľ	AURA		YOUNG	,		
TO B	190. INFORMANT'S NAME (Typo/Print) LARRY REECE				ADDRES E AS		nd Number	or Rural F	Poute Nu	umber, City or Town	ı, State, Zip C	Code)	
	20s. METHOD OF DISPOSITION 1 🔀 Burisi 2 🗆 Cremation 3 🗆 Rem	noval from State		ONSVI					1		CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	LIATIN	OMP AT	-						TONSV		, MD.
	· maring	M-	100	rhe	22	1525	LAY	TONS	VIL	FUNERAI	LAYTO	NSVI	0882 LLE,MD.
	23. PART I. Entar-tha diseeses, or shock, or heart fellura.	complications that	t ceused tha cuse on each lin	daath. Do r	not antar	r the mod	de of dyl	ing, such	h sa ci	ardiac or reapir	atory erre	et,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIO - FULHOWARY ARREST Onset and Death TERM												
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	ONAR	EQUENCE O	21 _				11	- 61.1			112
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury					4CR	07 6	16	12	0515			YEs.
HF.	that initiated events resulting in deeth) LAST	DI TO	OR AS A CONST	EOUENCE OF	F):								103
CE		d			•								1
CAL	PART II. Other significent condition	ne contributing to	death but not	t resulting	In the un	nderlyIng	cause g	jiven in l	Part I.	PERFORM	MEO?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
		770	- /						—	1 TES 2	€ NO	0	OMPLETION OF CAUSE OF DEATH?
÷												1	YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000NIVAL.					ACE OF O	EATH (Chi	ick only	one)			
YSI	1 X YES 2 NO		ER/Outpatient	3 🗆 DOA	4 - Nur		a 5 🗆 Re	sidence	8 🗆 01	ther (Specify)			
F	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM INJ	JURY M	28c. INJU WOF	RK?		28d. D	DESCRIBE HOW IN	JURY OCCU	REO	
B	2 Accident Investigation	28e. PLACE O	F INJURY — AI h	home, ferm,	etreet. Jec		rES 2	NO	281, L(OCATION (Street ar	and Mumber o	Direct Box	- Alcorbon
COMPLETED	4 Homicide 8 Could not be determined	building, e	etc. (Specify)		meet,	101 y, 0				ity or Town, State)	10 Number of	TIUTET FROM	ле митоег,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, r	death occurr	ed at the	time, date	end place.	and due	to the	cause(a) and mani	ner as stated		
S.	One) 2 MEDICAL EXAMINE												and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTAFIE	1	1				29c. LICE	ENSE NUM	IBER	41	294 DATE	SIGNED IN	torgh Day Years
24	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALK	OF DEATH UT	4	>		D	06	4	06	18	12	199
	D.K. LEWI	SMD		OL/	Print)	4.	HI	2	08	332			
	31, DATE FILE (MG/h, 00, 400) 993	3 PAGISTUM	D'S SENATURA	endell									

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

CLEARED BY M.E.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT If item 28 is marked, or item 23 shows any injury or other traumatic event, the medical evanions must be notified at once
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IOSPI	UNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT
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10	5	De De	MA

	FOR				arrar ar ar				70	24315		
_	1 - STATE REGISTRAR	STATE UF I	MARYLAND /	DEPART	MENT OF	HEALTH AND F DEATH		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Ella Rosent	olum					2. DATE OF	DEATH DAY	1993	3. TIME OF DEATH 2:00 p.m.m		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA	-	7. DATE OF	BIRTH	8. BIRT	THPLACE (State or Foreign		
	215-22-1644	1 M 2 XXF	88	YRS.	ONTHS DAY	S HOURS MIN,	(Month, D		L905]	DENMARK		
-	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOW	N OR LOCATION OF	HTAS					
DIRECTOR	Montgomery G	eneral	Hospit	al	Olne	У		IV	lontgo	omery		
l Di	10e. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY		
	MARYLAND MO	NTGOMERY		SI	LVER S	SPRING				LIMITS?		
FUNERAL	10. STREET AND NUMBER					10f. ZIP CODE		10-	-	WHAT COUNTRY?		
Ä	14508 HOMECREST					20906				D STATES		
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S. ARI VES 2 NAR OR DATES X	MED IO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic	NIC ORIGIN? (S an, Puerto Rice	Specify Yes or f in, atc.)	No- 14. RAI Bla	CE — American Indian, ck, White, etc.		
B	Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES∆		101	'ES 2 NO Spec	ffy:		Spe	WHITE		
邑	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE/	CEDENT'S U	SUAL OCCUP	ATION most of working	16b. KII	ND OF BUSINE	SS/INDUSTRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use	retired.)	nout of working		DIEG A	DDADDI	77		
COMPLETED	9 17. FATHER'S NAME (First, Middle, Last)			ALESP	EKSUN			DIES A		:L		
BEC	ISAAC RUSSAKOFF					18. MOTHER'S N SONIA	SNYDE	ER				
2	19e. INFORMANT'S NAME (Type/Print) IRIS HYMAN					ot end Number or Rural ORD DRIVE				0853		
121 00	20a. METHOD OF DISPOSITION 20 Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE A	ND DATE OF	DISPOSITION	(Name of	DATE		ON — City or 1			
5	4 Donation 5 Other (Specify)		HEBRE	W FRI	ENDSHI	P CEMETEI	KY 8/4			MARYLAND		
	Hanh 1	14	m	1	DANZA	NSKY-GOLI ROCKVILLI	DBERG M	MEMORIA	AL CHAI	PELS, INC.		
200	23. PART I. Enter the diseases, or other	complications tha	t caused the da	ath. Do no	t enter the	moda of dying, au	ch as cardiac	or respirato	ery arrest,	Approximata		
	IMMEDIATE CAUSE (Final One									Interval Between Onsat and Death		
	disease or condition resulting in death)	5 m	DUE TO (OR AS A CONSEQUENCE OF):									
			Cor as a consec									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	D	(OR AS A CONSEC		O Orce							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
TIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):								
EH .	Tostilling in dealth) Exst	d\										
5 .	PART II. Other significant condition	s contributing to	death but not re	esuiting in	the underly	ing cause given in	Part I. 24	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS		
MEDICAL							1	YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							_			1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL					-						
PHYSICIAN:	EXAMINER?	HOSPITAL:	EDIO-trades A		THER:	PLACE OF DEATH (C						
H	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF	INJURY ASIA	28b. TIME (ome 5 - Residence		BE HOW INJUR	RY OCCUBED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, Year)	INJUR		WORK?	Son he		to fr	-chille		
ED B	3 Suicide 8 Could not be	28e. PLACE Of building.	F NJURY — At hor atc. (Specify)	ne, ferm, stre	set, factory, of	fice	281. LOCATIO	ON (Street and Nown, State)	lumber or Rural	Route Number,		
	4 Homicide determined		4	4	_		City of R	wn, state)		-		
	29e. CERTIFIER	CIAN: To the best of				ete end place, end du						
OMPLE	(Check only		ramination end/or is	in a acigation,		, death occured at the				(8) end menner es stated.		
E COMPLET	(Check only	R: On the beels of ex	xamination end/or is			29c. LICENSE NU						
1	(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the beels of ex								D (Month, Day, Year)		
- 1	(Check only one) 2 MEDICAL EXAMINE	R: On the beels of ex	SE OF DEATH (ITEM									

	1 - REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	e man	Pulpe	2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 6. SEX	6. AGE (In yrs. lest birthd)	by) IF UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	220-56-6668	12 F 26 YR	MONTHS DAVE MOURE MIN	(Month, Dey, Year) 6 7	Country) MARYLAND				
TOR	9s. FACILITY NAME (If not institution, give street and 600 CALL FORN RESIDENCE OF DECEMENT	IA CARCLE	ROCK VI LL		WT60MERY				
DIRECTOR	10a. STATE 10b. COUNTY MONT	60 MERS	ROCK UILLE		10d. INSIDE CITY LIMITS? 1 Z YES 2 NO				
FUNERAL	6010 CALIFOR	VAA CIRCLE A	07//3 101. ZIP CODE 208	5 2 UN	TIZEN OF WHAT COUNTRY? ITED STATES				
ВУ	1 X Name Married 2 T Married FO								
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete		IT'S USUAL OCCUPATION If of work done during most of working	16b. KIND OF BUSINESS/II	NDUSTRY				
COMPLETED		(f-4 or 5+)	T use retired.)	PHARMACY					
0	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S N	AME (First, Middle, Melden Surname)					
BE C	HAROLD EDWIN RINDI	1	ELLE	N GLADSTONE					
9	19a. INFORMANT'S NAME (Type/Print) ELLEN RINDE		ING ADDRESS (Street and Number or Rural B—D VINELAND COURT						
	20a. METHOD OF PURPOSITION	20h. PLACE DE DIS	SPOSITION (Name of cometery, cremetery or		- City or Town, State				
	1 □ Buriel 2 □ Gremation 3 🗷 Removal from 4 □ Donation • □ Other (Speqfy)		LIGHT CEMETERY		BEACH, FLORIDA				
	The Signature of Fiberal Service Loenses 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC.								
	- Jores John	>		LE PIKE-ROCKVII					
	23. PART I. Enter the diseases, or compile shock, or heart failure. List on IMMEDIATE CAUSE (Final	ations that caused the death. If y one cause on each line.	o not antar tha mode of dying, su	ch aa cardiac or reapiratory a	Approximate interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ASIMYXIA — HAN 6-ING DUE TO (OR AS A CONSEQUENCE OF):								
_			DEPRESSION		111200				
ST.	Sequentially list conditions, if any, landing to immediate	DUE TO (OR AS A CONSEQUENC			11006				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENC	E OFI:						
E	resulting in death) LAST								
	PART II. Other algnificant conditions contr	ibuting to death but not resulti	ng in the underlying cause given in						
DICAL				PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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BY PHYSICIAN: ME	25, WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER? HOS	PITAL: patient 2 - ER/Outpatient 3 - DO	26. PLACE OF DEATH (COTHER: A 4 Nursing Home 5 A Résidence						
НХ		se. DATE OF INJURY 26b.	TIME OF 28c, INJURY AT	28d. OEŞCRIBE HOW INJURY O	CCURED				
37 P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 8 2 93 109	INJURY WORK? 1 □ YES 2 □ NO	HANGING					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	be. PLACE OF INJURY — At home, far building, etc. (Specify)	rm, street, factory, office	26f. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,				
P.E.	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowledge, death oc	curred at the time, date and place, and du	ue to the cause(a) and manner as a	tated.				
MO		a basis of axamination and/or investi-	gation, in my opinion, death occured at th	ne time, data and place, and due to	the cause(s) and manner as stated.				
BEC	296, SIGNATURE AND TITLE OF CERTIFIER	1001.11	29c. LICENSE NO	UMBER 29d. D.	ATE SIGNED (Month, Day, Year)				
10	36. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27) (Time Print)	079	8-2-93				
	TRANCES C MAS	HE PORN'T	ERNWOOD KY.	BETHESDA	MAZOPIZ				
	AUG 0 5 1993	MEGISTRAB'S SIGNATURE ALLA DAY SON Panda	ee_						
		•							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exproves after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Progress TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the threnti direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner may

	1 - FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMEN'	OF I	IEALTH DEA	AND I	MEN		YGIEN EG. NO				
	1. DECEDENT'S NAME (First	, Middle, Last)					_					ATE OF D		20		3. TIME OF C	DEATH
	FRAN	NCIS A	NTHONY RO	DARTY	Y							July	31	, 19	PARY C	5:15	A. M
	4. SOCIAL SECURITY NUME		5. SEX		In yrs. lest	birthday)	IF UNDER		IF UNDE	R 24 HRS.	7. D	ATE OF B	RTH	, 1)	8. BIRTHPLACE (State or Foreign		
	155-14-5840	0	1 📉 M 2 🗌 F	70	0	YRS.	MONTHS	DAYS	HOURS	MIN.	12	2-25-	-192	2	Jer	m) sey Ci	tv. N.
	9a, FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY										
DIRECTOR	8505 Hempst	ead A	venue				Bet	thes	da			Montgomery					
EC	10a. STATE	10b. COUNT				10c, CIT	ITY, TOWN OR LOCATION									10d. INSIDE	CITY
DIR	Maryland	Mo	ntgomery			Bethesda								LIMITS?			
A	10e. STREET AND NUMBER							10	. ZIP COD	E				10g. CIT	IZEN OF	WHAT COUNTR	Y?
FUNERAL	8505 Hempst	tead A	venue						2081	7				U.	S.A.		
5	11. MARITAL STATUS							NIC ORIGIN? (Specify Yes or No 1		14. RAC	E — Amarican	indien,					
BY F	1 Never Married 2 Married FORCES? 1 X YES 2 3 Widowed 4 Divorced FYES, GIVE WAR OR OATES		Z [] NO	If yes, specify Cuban, Maxican 1 YES 2 NO Specify			an, Puarto Rican, etc.) Bio		Spec	k, White, alc.							
						Specify:					Whit	e					
COMPLETED	(Specify only highest grade completed) (Give			re kind of	USUAL O	CCUPATE during mo	DN ost of worki	ing		16b. KIND	OF BUS	SINESS/IN	DUSTRY				
7	Elementary/Secondary (0)-12)	College (1-4 or 5	+)			ne retired.)	o Mo	rcha	n+		0-	D	usin			
Ž	17. FATHER'S NAME (First, M	Malatta d = all			OLIC	EIICA	ı Ku;	g rie							ess		
ö	John Roarty											rst, Middle,	, Maiden	Sumame)			
8	19a. INFORMANT'S NAME (7				100	MAH (N)	Kathryn Rose NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	Kathryn Roa								d Av							817	
	20a. METHOD OF DISPOSIT				PLACEA				ame of	<u>.</u>	1	DATE	20c. LO	CATION —	City or To	own, State	
	1 XI Buriel 2 Cremation 3 Removal from State Cometery, cremator Fishkil.					natory or o	ther place) Ceme 1	tery			8	3/4	Fis	hkil	1. N	ew Yor	k
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22.	NAME A	ND ADDRE	SS OF FA	CILITY	,					
	Mirel	hai (250	ul	2an											Wosco:	nsin
	Ave., N.W. Washington, D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate																
ehock, or heert failure. List only one ceuse on each line.												Between					
	disease or condition resulting in death)		. Ca	ul	-	Res	luest ENCE OFI:						1				
	resulting in death)		DUE TO	(OR AS A	CONSEQ	UENCE O	DE OF: Desolve Heart Deserve DE OF:					ace	Q-				
z			a ai	tepi	-000	- ley	ole	e H	ear	1	D					9.	can no
8	Sequentially list conditi if any, leading to imme	diate	OUE TO	(OR AS A	CONSECU	UENCE O	F):									2	
2	cause. Enter UNDERLYI CAUSE (Disease or inju		c														
CERTIFICATION	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A	CONSEQ	UENCE O	F):										
CE			d										_			-	
	PART ii. Other eignifica					eulting	n the un	deriyin	g cause	given in	Part I		WAS AN	AUTOPSY	246	. WERE AUTOPS	
Dic C	2		e mel	evt.	43							- 1		· NO		COMPLETION OF DEATH?	
PHYSICIAN: MEDICAL	He	perl	ension	1												1 TYES 2	□ NO
ÿ																	
2	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		ACE OF D	EATH (Ch	eck onl	ly one)					
YS	1 TYES 2 THIN		1 inpatient 2		atient 3	DOA			• 5 ⊟ m	sidence	6 🗆 0	Other (Spe	cffy)				
	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF (Month, D			26b. TIM	URY		RK?	_	28d.	OEŞCRIBI	E HOW II	NJURY OC	CURED		
BY	2 Accident	Investigation	200 BLACE O	E IN HIPM	413		M		YES 2	NO							
COMPLETED		Could not be datermined	28s. PLACE O building,	stc. (Spec	— At hom	ie, farm, i	street, fact	ory, offic	•		281, [LOCATION City or Tow	(Street a	nd Number	r or Rural i	Route Number,	
Ĕ	290. CERTIFIER 1 71-CERT	IFYING PHYSI	CIAN: To the best of	my knowl	ledge des	th occur	of at the t	lme dut-	and elec-	and du-	40.45	Omus (s)	and mr		-		
NO NE																a) and manner :	na stated.
	29b. SIGNATURE AND TITLE						stigetion, in my opinion, death occured at the time, data and place, end due to the cause(s) and man 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D.										
BE	-	0	150.	2/					DI	2.4	pq 100			N		7/1/2	/

D.C.

4201 Cathedral Ave. N.W. Washington, D.C. 20016

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

8

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FOR

BOX 68/60, BALLIMONE, MARYLAND	ate be executed within 24 nours after them. The winner be retained by the hosp	ysician and completely filled in by the lumbrance and shore 5 should be detached prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the many that hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lunificate has 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	Ghristophe	120		07 31	31-9 an 5.4;47 p m		
		252 SM 2 □ F	YRS. MON	1		8. BIRTHPLACE (State or Foreign Country) 1993 Maryland		
DIRECTOR	PARTY NAME II PAINTING ON THE SIDENCE OF DECEDENT		9/	DG/1/MOCE	Saltimore Balto Gty			
IRE	10a. STATE 10b. COUNTY			WN OR LOCATION		10d, INSIDE CITY LIMITS?		
	Marylamd Mont 100. STREET AND NUMBER	gomery	Wh	101. ZIP CODE	1	1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3410 Flor	al Street,		20902		U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA II yes, specify Cuban, Mexic 1 YES 22 340 Spec	an, Puerto Rican, atc.)	or No- 14. RACE - American Indian, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5 +)	Ilfe. Do NOT use reti	fone during most of working red.)	16b, KIND OF BUSI	NESS/INDUSTRY		
OMP	17. FATHER'S NAME (First, Middle, Last)		Non		None AME (First, Middle, Maiden St			
BEC	Zoey Rain	es		Amy				
2		other)		RESS (Street and Number or Rural				
	Ms Amy Marah 20a. METHOD OF DISPOSITION	200	3410 PLACE AND DATE OF DIS	Floral St,		d 20902 ATION — City or Town, State		
	MDurial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	rel from State come	ate Of H	eaven Cem.		ver Spring, Md		
	21. SIGNATORE OF FUNERAL SERVICE LICES		44.7	22. NAME AND ADDRESS OF FU	neral Hom	e P.A. 20850 t, Rockville, Md		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	replications that caused at only one cause on ea	the death. Do not a	nter the mode of dying, su	ch ea cardiac or respira	tory arrest, Approximete		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe Prematurity Severe Prematurity							
z	6	Pacus	eater of	remature De				
ATIO	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF): S	uspected In	fection			
FIC	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A	CONSEQUENCE OF): TO	Lection	Distress	Syndrone		
CERTIFICATION	resulting in death) LAST			espiratory		y heundage		
DICAL	PART II. Other algnificant conditions	contributing to death bu	t not resulting in the	e underlying cause given in	Part I. 24s. WAS AN AI PERFORM	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC					_	1 TES 2 NO		
Š		HOSPITAL:		28. PLACE OF OEATH (C				
Ř	27. MANNER OF OEATH	28a. OATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	6 ☐ Other (Specify) 28d. OE\$CRIBE HOW INJ	URY OCCURED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO				
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specif	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,				
COMPLETED				the time, data and place, and during opinion, death occurred at the		er as stated. due to the cause(a) and menner as stated.		
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER	On mo	12	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CT	IN (ITEM 27) /5 2 ···	As-172	0211	7/31/93		
				#899 Pasade	מו בא במב	71122		
	JI. UNIE FILED (MOREN, Day, Year)	32. REGISTRAR'S SIGNA	TURE		and, Mu #∠			
	AUG 0 5 199	13 gula Davi	doon- Randall					

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) MATTAN [WAGRUDER WI	LSON REA	JR.			DATE OF DEATH MONTH DAY		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. S		rs. last birthday)	IF UNDER 1 YE		24 MDC 7	DATE OF BIRTH		BIRTNPLACE (State or Foreign	
	219 - 12 - 4768		YRS.	MONTHS DA			ug. 10,19		lary land	
TOR	9a. FACILITY NAME (II not institution, give street as MEMORIAL H RESIDENCE OF DECEMENT				ASTON	ON OF DEATH			ALBOT	
DIRECTOR	Maryland Talbot			town or L	chaels				10d. INSIDE CITY UMITS? 1 TYES 2 NO	
FUNERAL	24575 Beverly Rd.			101. ZIP CODE 21663				U.S.A.		
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U. ORCES? 1 YES : FYES, GIVE WAR OR DATE KOREA AR	2 □NO S	NO If yes, specify Cuban, Mexican, Puerto Rican, 1 ☐ YES 2 ZNO Specify:					Black, White, etc. Specify: WHITE	
COMPLETED	(Specify only highest grade completed) (C				PATION g most of workin Execu			166. KIND OF BUSINESS/INDUSTRY Building		
BE CO	17. FATHER'S NAME (First, Middle, Last) Wallan Wagruder W			Els	ie Me					
5	Marjorie B. Rea					Number City or Town Michaels,				
	20e. METNOD OF DISPOSITION 1		ACE AND DATE OF			ıg. 30			y or Town, State laware	
A CONTRACTOR	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, N									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF)	OF ASSOCIATION INAL (AD) NSEQUENCE OF): NSEQUENCE OF):				ANEU.	Onset and Death RYSM 6 hrs		
MEDICAL CE	PART II. Other algnificant conditions cor	stributing to death but	not reaulting in	t resulting in the underlying cause given in Part I.				NUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
-	HYPERTENSION		CANCE	n					1 YES 2 NO	
CE		SPITAL:		OTHER:	6. PLACE OF DI					
/ PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c	Home 5 Re LINJURY AT WORK? YES 2	28	Other (Specify) d. DESCRIBE NOW IN	JURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory,	offica	26	LOCATION (Street a: City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: 2 MEDICAL EXAMINER: On								couse(s) and manner as stated.	
TO BE C	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 7/29/57									
	30. NAME AND ADDRESS OF PERSON WHO COM Latham B. Murray M	.D. 404 Mar	vel Ct.	THO	omas De	Vilio 2160	M.D. Dut 1 Easton,	chman Md.	as Lane 21601	
	31) WITE FILED (Month 993)	32. REGISTRAR'S SIGNATU								

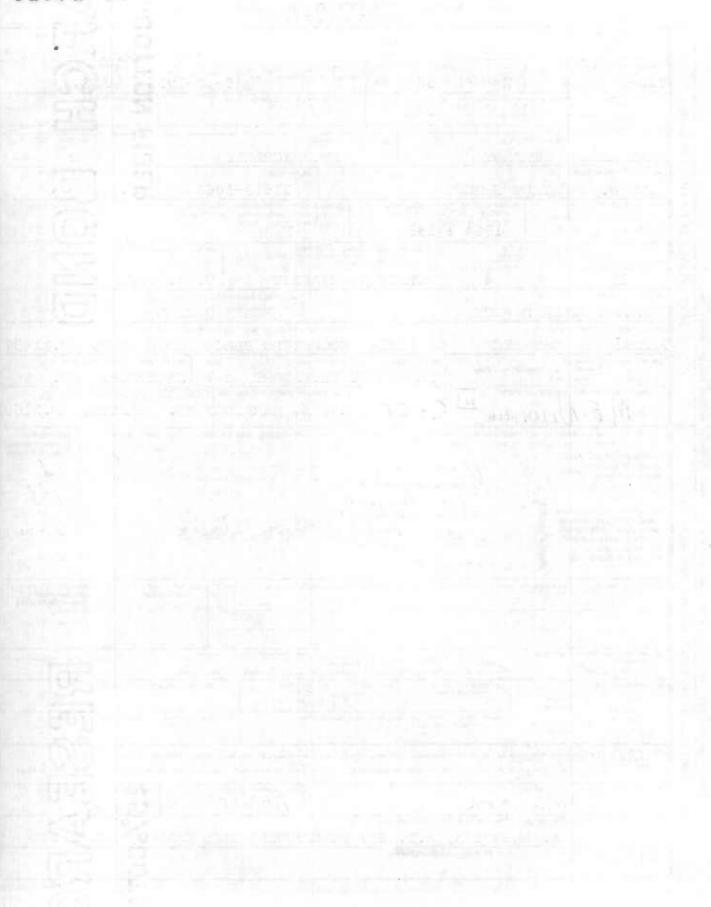


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last ARTHUR WI	LLARD	RICE					2. DATE OF DEATH MONTH August	DAY	YEAR 1993	3. TIME OF DEATH 7: 400M
4. SOCIAL SECURITY NUMBER 022-28-9426	5. SEX 1 X M 2 - F	56 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-23-19			PLACE (State or Foreign
6a. FACILITY NAME (If not institution, give MEMORIAL HOS	SPITAL AT	EASTON	9b. CITY,		STON		EATH	9c. CO	TALI	
	ALBOT	10c. Ci	TY, TOWN O	T.	MIC		LS	100 00	TIZEN DE W	10d. INSIDE CITY LIMITS? 1 X YES 2 NO HAT COUNTRY?
100. STREET AND NUMBER 115 W. CHESTN 11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMED XYES 2 NO				-1065 U.S.			- American Indian,	
3 Wildowed 4 K Divorced	1954 wa	- 1958	1 Tes 2 XNO Specify:				y:		WH	ÎTE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT	work done o	luring mo	st of working	ng	16b. KIND OF			FNT
	I THE STREET O. S. GOVERNMENT									
190. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS	(Street a			Route Number, City or		(Ip Code)	
ALEXANDER NOAH 20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re		1916	WO	ODS	BOR		LACE ED		TER,	MD. 21037
1 Buriel 2 Cremation 3 Real	noval from State	SALISBU				RY	1			
000 - 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME									
ehock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	e.	PR AS A CONSEQUENCE OF AS	Short C	5:	Lux	<u></u>	Diusse			intarval Between Onset end Death I d - 10 d - 10 d - 20+y
PART II. Other significant condition	ns contributing to d	eath but not resulting	in the un	deriying	g cause (given in	PERF	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	EXAMINER? 1									
3 Suicide 6 Could not be 4 Homicide determined	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
	IER: On the beals of exe	y knowledge, death occur mination and/or investigat			eath occu	red at the	time, data and place,	and due to	the cause(a)	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T
30. NAME AND ADDRESS OF PERSON W	your	OF DEATH (ITEM 27) (Typ	e, Print)		/ Je Lici	428	15	29d, DA	8/6	(Month, Day, Year)
RICHARD A.	BURGOYNE			тсн	MAN	S LA	ANE EAS	TON,	MD.	21601

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



nit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-2 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	HE HOSPITAL OR ATT	HE FUNERAL DIRECTO	led within 72 hours aft	ORTANT: If item 28
-	2	10	De m	IMP

1. DECEDENT'S NAME (First, Middle,		o G II D G	CERTIF				2. DATE OF DI	G. NO.	YEAR	3. TIME OF DEATN	
HARRIET SH 4. SOCIAL SECURITY NUMBER	RIVER R	OGERS					August		993		
212-16-0480	1 M 2 X F	84	yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS MIN.	7. DATE OF BIL (Month, Day, Dec 5	1908	Coy.	INPLACE (State or Foreign aryland	
oa. FACILITY NAME (If not institution, 1001 Old Joppa	give street end number) Road			9b. CITY,	Jopp	R LOCATION OF D		9c. C	OUNTY OF Harfo	DEATH	
RESIDENCE OF DECEDEN	DUNTY		100 011	Y, TOWN O	DR LOCAT	ION				10d. INSIDE CITY	
Maryland	Harford		100.01	Joppa					LIMITS?		
10e. STREET AND NUMBER				10f. ZIP CODE				10g. (CITIZEN OF	WHAT COUNTRY?	
1001 Old Joppa	Road				21085				USA		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Black, WY					CE — American Indian, ck, White, atc.		
15. DECEDENT'S (Specify only highest			16a. DECEDENT'S	USUAL OC	CCUPATIO	N et et westere	16b. KIND	OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or	5+)	Farmer-	se retired.) Pony	Bree	eder		Agricu	lture		
12											
17. FATHER'S NAME (First, Middle, La Joseph Alexis						16. MOTNER'S NA				n Ribber	
19a. INFORMANT'S NAME (Type/Print		-	19h MAII INC	ADDRESS	Harriet Lewis Van Bibber ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					II DIOCCI	
Dr. William H.			1001	old	Jopp	oa Road,	Joppa,	Md. 2	1085		
4 ☐ Donation 6 ☐ Other (Specify,			tery, crematory or on Mary;	other place). S Epi	Lscor	oal Ceme	tery 8	20c. LOCATION 10-93	Abin	gdon, Md. 21	
21. SIGNATURE OF FUNERAL SERV	a. DUE T	Come St	Mary;	iner place). S Epi 22. I HC 13 not enter	NAME ANDWAY	pal Ceme o ADDRESS OF FA d K. McC Cokesbur	tery 8- omas II y Road,	10-93 I Fune: Abing	Abin ral H	ome, P.A. Md. 21009 Approximate Interval Between Onset and Dest	
21. SIGNATURE OF FUNERAL SERVING 23. PART I. Enter the diseases shock, or heert fel immediate cause. Enter underting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitlated events	b. DUE T	O (OR AS A CO)	the death. Do ch line.	iner place). S Ep1 22. I HC 13 not enter	LSCOP NAME ANDWARC 317 (the moo	pal Ceme DADDRESS OF FA L K. MCC Cokesbur de of dying, suc	tery 8-curv omas II y Road, h as cerdiec o	I Fune: Abing r reaplratory	Abin ral H don, arrest,	gdon, Md. 21 iome, P.A. Md. 21009 Approximate interval Between Onset and Dest	
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32. REGISTRAP'S SIGNATURE
Julia Bairdson

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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BALI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
n	fter d	the	he filed within 72 hours after death with the State Deat of Health and Mental Horison prior to burial cremation or removal
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31. DATE FILED (Month, Day, Year)

JUL 2 0 1993

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TRAVITZ

32-REGISTRAR'S SIGNATURE

		FOR	STATE OF MADVI	AND / DEDA	DTMENT O	E UEALTH AND I	MENTAL HVOLEN		3 24322
		1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE C	F DEATH	MENIAL HYGIEN REG. NO.	_	
		1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH	LV V	3. TIME OF DEATH
			J. R105				7 /6	ું ર	3 0422AM
10		4. SOCIAL SECURITY NUMBER 097-20-5154	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day Year) 11-08-27	8.	BIRTHPLACE (State or Foreign Country) New York
		9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	VN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
,	CTOR	PENINSULA REGIO	NAL MEDICAL	CENTER	SAL	ISBURY		WIC	COMICO
	3EC	10a. STATE 10b. COUNTY	1	10c. Cf	TY, TOWN OR LO	CATION			10d. INSIDE CITY
	L DIRE	New York Ulst	ter	1	8 St.		rt, Hurle		1X YES 2 NO
	FUNERAL	118 St. George C	ourt			101. ZIP CODE 12443		USA	n of what country?
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	24 XNO	If yes	DECENDENT OF HISPAN , specify Cuben, Mexica YES 2 XNO Specify		or No — 14	RACE — American Indian, Black, White, etc. Specify: White
		15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16e. DECEDENT'S		ATION a most of working	16b. KIND OF BUS	SINESS/INDUS	
		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT i	rse retired.)	, most of working			
6	COMPL	12		Real	Estate				al Estate
at once.		17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	-	
pe g	H	Justo Ri	ios	405 44411.00	A DODDOG (0)	Mary		Franc	
notif	임	Margaret Rios					Route Number, City or Town		
t be		20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remo		. PLACE AND DATE	OF DISPOSITION				y or Town, State
E		4 Donation 5 Other (Specify)	St	Mary s	Cemete	ry	7/21 Kir	ngston	,New York
medical examiner must be notified		21. SIGNATURE OF FUNDAL SERVICE LIC	bellan			E AND ADDRESS OF FA	CILITY		
edica		23. PART Enter the diseases, or o shock, or heart failure.	complications that cause on a	tha death. Do ach lina.	not entar tha	mode of dying, sucl	h as cardiac or respi	ratory srrest	Approximate Interval Between
the m		IMMEDIATE CAUSE (Final disesse or condition	0		_				Onset and Death
불발		resulting in death)		CONSEQUENCE		EAL VASCO	ULAR ACC	IDEN	7
C eve	_	_	DUE TO (OH AS A	CONSEQUENCE (NF):				
traumatic	RTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	P):				
tran	CA	cause. Enter UNDERLYING CAUSE (Disease or injury	£						
or other	E	that initiated events	DUE TO (OR AS A	CONSEQUENCE	F):				
0.	CER	resulting in death) LAST	d						
njury.		PART ii. Other significant condition	s contributing to death b	ut not resulting	in the under	ying ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
any In	MEDICAL	Athero	relexatie	Ven	le D	seose	PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Shows		Cocorus	ory ARTE	RY D	SEASE		1 TYES 2	7-40	OF DEATH?
3 sh							_		TO TES 2 NO
tem 23	M	25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF DEATH (Che	eck only one)	_	
or item	Sign	EXAMINER?	HOSPITAL:	entiont 3 🗆 DOA	OTHER:	fome 5 🗆 Residence	6 Other (Specify)		
	Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUR	RED
28 Is marked,	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, lerm,			281. LOCATION (Street & City or Town, State)	and Number or	Rural Route Number,
VT: If Item	COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occur n end/or investigsti	red at the time,	date and place, and due	to the ceuse(e) end men	ner ee stated.	ause(e) end menner ee stated.
MPORTANT:	BE C	296. SIGNATURE AND TITLE OF CENTIFIER		4		29c. LICENSE NUN	ABER		IGNED (Month, Day, Year)
3 2	5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED STUSE OF DE	ATH STEN OF CO	Diet	D365	76	7	118/93
- 1		The same state of the same with	PEIER MANDE OF DE	ALL THE REST 27) (1/1/10)	i, PTITE)				

SALISBURY

21801

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(THE STATE OF	F	Paces	J
	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit Page	
	BA	fter de	the f	oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a hours after death. Page 6 may be retained by the observed to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
First Middle Last			

	FOR 1 • STATE REGISTRAR	STATE OF MARY	AND / DEPA	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH	
	DORIS ES	TELLE RU	ARK						27	93	1630 m	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	4		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	IPLACE (State or Foreign	
	217-10-3977		78 YRS.	MONTHS	DAYS	HOURS	MIN.	02-16-15		Count	Laware	
	9e. FACILITY NAME (If not institution, give			9b. CITY,	TOWN O	R LOCATIO	N OF DE	EATH	9c. COUN			
DIRECTOR		6590 OAK RIDGE ROAD HEBRON WICOMICO								20		
EC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y	10c, CI	TY, TOWN O	R LOCAT	ION	-				10d. INSIDE CITY	
DIR	Md. Word	ester									LIMITS?	
7	10e. STREET AND NUMBER		Bishopville				10g. CITIZEN OF WH			1 TES 2 NO		
ER/	Bishopville		21813									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.SARMED	13. \	MAS DECI			IIC ORIGIN? (Specify Ye	pr No-		S . A .	
BY F	1 Never Married 2 Merried	FORCES? 1 YES	2 MNO	1	yes, spe	city Cuber	, Mexica	n, Puerto Rican, etc.)		Speci	k, White, atc.	
	3 Widowed 4 Divorced									Opec	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done of	CUPATIO	N st of working	7	166. KIND OF BU	SINESS/IND	JSTRY		
۳	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT (
M	17. FATHER'S NAME (First, Middle, Last)		House	Wlie	3				Hom	e		
		_ 1 2						ME (First, Middle, Meiden	Surneme)	•)		
BE	Charles A. Ha 190. INFORMANT'S NAME (Type/Print)	stings	404 104 11					h Guy				
2	Charles A. Has	tings	190. MAILIN					Route Number, City or Tow			20	
	20s. METHOD OF DISPOSITION		D. PLACE AND DATE				r.	Hebron,				
	Buriel 2 ☐ Cremation 3 ☐ Rem Donation 5 ☐ Other (Specify)	oval from State Cer	metery, cremetory or	other place)					CATION — C	-	741-34-1	
	21. SIGNATURE OF FONERAL SERVICE LI	CENSEE	Arsons			D ADDRES	S OF FA	7/30 Sa	IISD	ury	, Ma.	
	>6 1d	1/0	- X	1								
\dashv	23. ART i. Enter the diseases, or	complications that course	208								bury, Md.	
	snock, or heart failure.	List only one ceuse on	esch ilna.	not anter	tna mod	a or cylr	ıg, suci	n as cerdiac or resp	iratory sme	est,	Approximata interval Between	
	iMMEDIATE CAUSE (Final disease or condition	ADMID TOGGE	TDOMTA A								Onset and Death	
	resulting in death) a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF):											
_				. ,.								
9	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE C	F):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c.										
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE C	F):								
CERTIFICATION	resulting in death) LAST	d										
AL C	PART II. Other significant condition	is contributing to deeth i	out not resulting	in the unc	deriving	ceuse a	ven in	Part i. 24e. WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS	
2	CHRONIC OBSTRUCT				,			PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Ē								1 🗆 YES 2	NO		OF GEATH?	
2								_			1 NES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				28. PL	ICE OF OE	ATH (Che	eck only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER		5 X Res	Idence	6 Other (Specify)				
Ť	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIR	E OF	28c, INJU	IRY AT		28d. DESCRIBE HOW I	NJURY OCC	JRED		
BY	1 Netural 5 Pending 2 Accident Investigation	(WORLI, Day, Year)	8"	JURY	¥ □ Y	ES 2 [NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, lerm,	streel, facto	ry, office			28I. LOCATION (Street	and Number o	or Rurat R	oute Number,	
COMPLETED	4 Homicide determined							City or Town, State)				
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occur	ed at the tir	ne, date	end place,	end due	to the cause(e) end mei	ner ee state	d.		
No		R: On the basis of exemination									end menner ee stated.	
	300. SIGNATURE AND TITLE OF CERTIFIE				Т	29c. LICEN					(Month, Day, Year)	
BE	John 65 Jul	medical	DEPUT:	M.E	.	D03.				7-27		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)								
	JOHN T. BULKELEY,			F RO	AD,	SALI	SBUF	RY, MARYLAI	ND, 2	1801		
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE									
	001 20 1993 9	his Davidson-Par	pause.									

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IECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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After	death	
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	t, Middle, Last)						2. DATE OF DEATH MONTH	DAY	YEAR 3. TH	WE OF DEATH	
	Richard Lee Ratcliffe							Aug. 09 1993			
4. SOCIAL SECURITY NUM			8. AGE (In yrs. las	840	UNDER 1 YEAR		S. 7. DATE OF BIRTH		BIRTHPLACE (State or Fore Country) Maryland		
218-20-7		1 M 2 F	75	YRS.						Land	
	Dorchester General Hospital Dorchester General Hospital					n on Location of a ambridge			orches	er	
RESIDENCE OF DE			оврте			2111011106			71 CHCB		
MD.	10b. COUNT	rchester		10c. CITY, TO						HSIDE CITY LIMITS?	
100. STREET AND NUMBER	<u></u>	Tenester				iamsburg	3		1 TES 2 NO		
The state of the s		sburg Ch	urch	Rd		101. ZIP CODE	21643			U.S.A. 14. RACE — American Indian,	
11. MARITAL STATUS	I I I G III	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS D						
1 Never Married 2 3 Never Mills 2 Division 1 Never Married 2 Division 2 Never Mills 2 Never Mills 2 Never Mills 2 Never Mills 2 Never Mills 2 Never Married 2 Never Mills 2 Never Married 2 Never Married 2 Never Mills 2 Never Married 2 Never Married 2 Never Mills 2 Never Married 2 Never Mills 2 Ne		FORCES? 1 [IF YES, GIVE WA		2 X NO If yes, specify Cuban, I			en, Puerto Rican, etc.)	Black, White	Black, White, etc.		
	CEDENT'S EDU		16a. DE	CEDENT'S US	JAL OCCUPA	TION	16b. KINO OF BUSINESS/INDU		DUSTRY	ISTRY	
Elementary/Secondary (College (1-4 or 5 +)				most of working						
8			me	chanı	c-ha	ndyman			compan	y	
17. FATHER'S NAME (First, A		eph Kel	.1 y R	atcli	ffe			Whitt			
Wm. Dona		tcliffe					E. New			.21631	
20e. METHOD OF DISPOSIT 1X□XBurlal 2 □ Cremati 4 □ Donation 5 □ Othe	on 3 🗆 Rem	oval from State	20b. PLACE AND DATE OF DISPOSITION (Name of carmetery, cametory or other place) E. New Market Cem.					DATE 20c. LOCATION — City or Town, State 8/10 E. New Market Md.			
21. SIGNATURE OF FUNERA					22. NAME	AND ADDRESS OF F	Thom	0.0 F.	neral	Цата	
- of en	etto	R Mon	you of	-	700	Locust	St. Cam				
IMMEDIATE CAUSE (Fi disease or condition resulting in death)	+	DUE TO (C	OR AS A CONSEC	S C V	0				1	Onset and De	
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events											
resulting in death) LAS	et .	d									
			eath but not r								
PART II. Other significa	int condition	is contributing to d		esuitina in t	he underly	ing ceuse given in	Part I. 24e, WAS	AN AUTOPSY	24h WERE	AUTOPSY FINOR	
PART II. Other significa	int condition	e contributing to d		esuiting in t	he underly	Ing ceuse given in	PERF	AN AUTOPSY FORMED?	AMAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUS EATH?	
PART II. Other significa	int condition	e contributing to d		esuiting in t	he underly	ing ceuse given in	PERF	ORMED?	AMAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUS	
					26.	Ing ceuse given in	PERF	ORMED?	AMAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUS EATH?	
25. WAS CASE REFERRED TEXAMINER?		HOSPITAL:	ER/Outpetlent 3	0	26.		PERF 1 YES	ORMED?	AMAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUS EATH?	
25. WAS CASE REFERRED 1 EXAMINER? 1		HOSPITAL:	ER/Outpetlent 3	0	26.	PLACE OF DEATH (C	PERF 1 YES	FORMED?	AMAIL COMPOSE DE LA COMPOSE DE	ABLE PRIOR TO LETION OF CAUS EATH?	
25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	O MEDICAL Pending	HOSPITAL: 1 Inpetient 2 1 28s. DATE OF IN (Month, Day)	ER/Outpatient 3 JURY Year) INJURY — At ho	DOA 4 [28b. TIME OI INJURY	26.	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 NO	PERF 1 YES heck only one) 8 Other (Specify)	W INJURY OC	AMALL COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH? YES 2 \(\sum \text{NO}\)	
25. WAS CASE REFERRED TEXAMINER? 1	Pending investigation Could not be determined	HOSPITAL: 1 Inpatient 2 I 28a. DATE OF IN (Month, Day) 28a. PLACE OF building, et	ER/Outpetlent 3 IJURY Year) INJURY — At ho c. (Specify) ny knowledge, de	DOA 4 1 28b. TIME OI INJURY	26. THER: Nursing H F 28c. M 1 It factory, of	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 NO	PERF 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (Stre City or Town, Str	W INJURY OC et and Numberste)	AMAIL COMPOSED OF DE DE DE DE DE DE DE DE DE DE DE DE DE	ABLE PRIOR TO LETION OF CAUS ATH? YES 2 NO	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Homicide 29e. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be determined	HOSPITAL: 1 Inpetient 2 I 28a. DATE OF IN (Month, Day) 28a. PLACE OF building, et	ER/Outpetlent 3 IJURY Year) INJURY — At ho c. (Specify) ny knowledge, de	DOA 4 1 28b. TIME OI INJURY	26. THER: Nursing H F 28c. M 1 It factory, of	PLACE OF DEATH (Comes 5 Residence NJURY AT WORK? YES 2 NO 'fice site and place, and due, death occured at the	PERF 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (Streen City or Yown, Streen City or Yown, Streen City or Yown, Streen City of Young, Streen City of You	W INJURY OC et and Numbe ste)	AMAIL COMPOSED OF DE DE DE DE DE DE DE DE DE DE DE DE DE	LETION OF CAUSEATH? YES 2 NO umber,	

	Jours
	17
60,	within
687	executed
×	be
O. B(certificate
G.	death
Ö	the
OR	that
RECO	requires
	W.
IA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% nou
VISION	ATTENDING
ō	OR

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH	AND MI	ENTAL HYGIENI REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last) ANNE		SPOTTS	JOOD			DATE OF DEATH PARTIES INC.	993 °	3. TIME OF DEATH 8:30 P M		
	0/1-20-7751		In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street		78	9b. CITY, TO	WN OR LOCATIO		Sept. 1,19	9c. COUNTY	EBRASKA of Death		
DIRECTOR	BETHESDA REHAB. &	NURSING CEN	ITER	CHE	VY CHAS	E		М	ONT.		
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d, INSIDE CITY		
	FL COLLIE 100. STREET AND NUMBER	≧R	N	APLES	10f. ZIP CODE				1 YES 2 NO		
FUNERAL	510 HARBOUR DRIVE	Ξ			IOI. ZIP CODE	3394	0		N OF WHAT COUNTRY?		
	1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF s, specify Cuban YES 2 X NO	, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify:		
D BY	3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATI	ON I	16a. DECEDENT'S				145 1/110 05 0110	DUTGO (INIDA)	WHITE		
COMPLETED	(Specify only highest grade corr Elementary/Secondary (0-12) C		(Give kind of site. Do NOT us	work done durin	g most of working		16b. KINO OF BUS	INESS/INDUS	THY		
J.W.	17. FATHER'S NAME (First, Middle, Last)		HOMEMAK	ER				WN HOI	ИE		
BE C	Butler Hart						(First, Middle, Maiden S Beeson	Sumame)			
10 8	190. INFORMANT'S NAME (Type/Print) CRAIG A. SPOTTSWOOI)					te Number, City or Town				
	20a. METHOD OF DISPOSITION 1 □ Burlet 2 ☆ Cremation 3 □ Removal	20b.	PLACE AND DATE	OF DISPOSITIO		LANE	CHEVY CH		MD 20815		
	4 Donation 5 Other (Specify)	MC	OUNT COM	FORT C			7/28/ALEX	ANDRIA	, VIRGINIA		
	22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS 5130 WISC. AVE. NW WASHINGTON, DC 20016										
	23. PART I. Enter the diseases, or com ahock, or heart failure. List	plications that caused only one cause on er	the death. Do r					atory arreat	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A Trock	وي و	ي دور	lav	Ź	De'son HiO	a Ca	Opent and Double		
z		TO CO AS A	CONSEQUENCE OF	F): Q	Rical	£.	HiO	•			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A									
IFIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):							
CERTIFICATION	resulting in death) LAST										
SAL.	PART ii. Other aignificant conditions co	ontributing to death bu	it not reaulting	in the under	ying cause gi	ven in Pa	rt i. 24s. WAS AN A PERFORE		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC		The Case	· cesso	mo-	-		1 YES 2	□ NO	OF DEATH?		
							-		1 TES 2 NO		
PHYSICIAN:		OSPITAL:		OTHER:	8. PLACE OF DE						
НУВ	27. MANNER OF DEATH	Inpetient 2 ER/Outpe 26e. DATE OF INJURY	26b. TIM	E OF 26c.	INJURY AT		Other (Specify) Bd. DESCRIBE HOW IN	JURY OCCUR	ED		
ВУБ	1 Natural 5 Pending Accident Investigation	JULY 9,199	3 8:50		WORK?	NO]	Fell in Ro	oom wh	ile walking.		
TED	Suicide a Could not be Suicide City or Yown, State) Beth - Rehab & Nursing Center City or Yown, State) Chevy Chase, Maryland Chevy Chase, Maryland City or Yown, State) Chevy Chase, Maryland Chevy Chase, Maryland City or Yown, State) Chevy Chase, Maryland Chevy Chase, Chevy Chevy Chase, Chevy Chase, Chevy Chase, Chevy Chevy Chase, Chevy Chevy Chase, Chevy Che										
COMPLETE		: To the bast of my knowle									
	28h CICNATURE ANDITTUE OF CERTIFIED										
TO BE	Dole 2	Joille	مدد ر		Do	SS	546.		Y 27,1993		
	30. NAME AND ADDRESS OF PERSON WHO CO John F. Tauber M.D				#414	Reth	esda,Maryl		20814-3107		
14	31. DATE FILED (Month, Day, Year)				# 1±7	20011		Land	20014 0107		
	JUL 2 8 1993 June Designation Property										

1,655	柩	瀴
, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death	. DIRECTOR: After this certificate has been signed by the attend

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	- REGISTRAR		CERTII	FICATE OF	DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE OF DEATN	DAY	YEAR	3. TIME OF DEATN	
	MILTON	H		HNEIDER		AUGUST 3			6:00 AMM	
	4. SOCIAL SECURITY NUMBER 110-01-4556	5. SEX 1 💢 M 2 🗌 F	78 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	1915	Countr	PLACE (State or Foreign y) WYORK	
OR	9a. FACILITY NAME (If not institution, HEBREW HOME O	F GREATER WA	SHINGTON		OR LOCATION OF D		9c. COUR	TGOM	EATH	
DIRECTOR	10a. STATE 10b. CO MARYLAND	DUNTY MONTGOMERY		TY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1801 E. JEFFERS	SON ST. APT.	514	10	ZIP CODE 2085	2			WHAT COUNTRY? STATES	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Diverced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X NO	If yes, sp	ecity Cuban, Maxico 2 ANO Specific	NIC ORIGIN? (Specify ten, Puerto Rican, etc.) by:	les or No—	Bleck	. — American Indian, , White, etc.	
PLETED	15. DECEDENT': (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	S USUAL OCCUPATION of work done during mouse retired.)	st of working	16b. KIND OF B	USINESS/IND			
COMPL	17. FATNER'S NAME (First, Middle, La: HARRY SCHNEIDI	st)			16. MOTNER'S NA	ME (First, Middle, Maide E FERSHING	en Surname)			
M	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	IG ADDRESS (Street		Route Number, City or To		Code)		
2	HARVEY SCHNEII	DER (SON)							RG, MD 20878	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 C 4 Donation 5 Other (Specify,		20b. PLACE AND DATE cemetery, cremetory or KING DAVI	other place) D MEMORIA	AL GARDE	DATE 20c. I N 8/4 FAI	LLS CH		wn, State I, VIRGINIA	
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC.									
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):	of the	hungw	ith m	letak	Sasi, 11 Yrs	
L CER	PART II. Other algnificant con-	dditions contributing to de	eath but not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b.	. WERE AUTOPSY FINDINGS	
: MEDIC	Coronary Diabetes		sease	post P	ypan	1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			LACE OF DEATH (C	neck only one)				
7.0	1 □ YES 2 □ NO	1 - Inpatient 2 - E	R/Outpatient 3 DOA			6 Other (Specify)	100			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investige			VJURY WO	DRK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCC	CURED		
	3 Suicide 6 Could n 4 Nomicide determin	or be building, et	NJURY — Al home, farm c. (Specify)	, street, factory, offic		281. LOCATION (Street City or Town, Sta	et and Number te)	or Rural F	Route Number,	
COMPLEIED	one)	PNYSICIAN: To the best of m AMINER: On the bests of exact							i) and manner as stated.	
O BE	296. SIGNATURE AND TITLE OF CER	D. Bril	e. m.		29c, LICENSE NU				(Month, Day, Year)	
		BRILL, M.D	2000 N	ST., N.	W. WA	SHIN GTO	N, D.C	2.20	036	
	31. DATE FILED (Month, Day, Year) AUG 05 19	93 Julia Ju	s signature fundal	2						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
1	1. D	ECEDENT'S	NAN

	1 - STATE REGISTRAR	SIAIE UP IN	TARTLAND / I		ICATE					H YGIEN I REG. NO.	E		
Total Control	1. DECEDENT'S NAME (First, Middle, Lest)	TE A DV	-	SEA					2. DATE OF MONTH		y	YEAR 93	3. TIME OF DEATH
9	4. SOCIAL SECURITY NUMBER 419-05-4726	5. SEX 1 M 2 F	6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	# UNDER	24 HRS. MIN.	7. DATE OF (Month, D		00	8. BIRTH	PLACE (State or Foreign
DIRECTOR	90. FACILITY NAME (If not institution, give CRENTER LACES!		11 E Hosp.	in/			R LOCATIO		ATH	20		INTY OF D	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY .		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
DIR	MARYLAND MC	ONTGOMERY			ILVE								LIMITS?
	10e. STREET AND NUMBER					-	ZIP CODI				10g. CIT	IZEN OF W	HAT COUNTRY?
NER/	607 WOODSIDE	PARKWAY						2091				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 24 NO AR OR DATES	ED)		f yes, spe	ENDENT Cooking Cube	n, Maxican	IC ORIGIN? (Specify Yee an, etc.)	or No-	14. RACE Black Specif	, American Indian, White, etc.
PLETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 12 SHOE STORE MANAGER 17. FATHER'S NAME (First, Middle, Last) 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18c. DECEDENT'S USUAL OCCUPATION (Give kind of working most of working life. Do NOT use retired.) 17b. TATHER'S NAME (First, Middle, Last) 18c. KIND OF BUSINESS/INDUSTRY 18c. MOTHER'S NAME (First, Middle, Maiden Surname)												
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAM	AE (First, Mide	de, Maiden :	Surname)		
BE C		LSON SE	EALE					ICE	ANNE		STON		
2	19a. INFORMANT'S NAME (Type/Print) ROBERT W. SEALE			MAILING					bute Number, D, ANN				2003
	20a. METHOD OF DISPOSITION		20b. PLACE AN	DDATE	OF DISPOS	ITION (Na	me of		DATE	7		City or To	
	Buriel 2 Cermetion 3 Ren	lovel from State	cemetery, crem	AWN	CEMI	ETER	Y		8/6	ROC	KVIL	LE, N	AB.
	21. SIGNATIVITE OF FUNERAL SERVICE LI	CENSEB .	ole		F	RANC	IS J NIVE	. COI	LLINS	FUNE	RAL	HOME.	, INC. SP., MD 2090
	23. PART I. Enter the diseases, or ehock, or heart fallure.	complications that	caused the dea	th. Do i	not enter	the mo	de of dyl	ng, such	as cardise	or reapir	ratory ar	rest,	Approximata
	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)	. \	Co L	7 €	51	140	10						interval Between Onset and Death H RS
z	Sequentially list conditions,	b	OR AS A CONSEQU	Ja	Sol	ć	9.	ail	osis				HRS
XTX	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	PENCE O	n: 1 Le	a le	uer	(^ -					Yvc
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO ((OR AS A CONSEOU	IENCE O	R: P								
	PART II. Other significant condition	ns contributing to	death but not rea	nulting	In the un	derivino	cause o	iven in F	Part i. 24	a, WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
DICAL	- Atual					251.31.10				PERFOR	MED?	140.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED	Psycho.	515	25	D					-				1 - YES 2 - NO
M	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Chec	ck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	t:			B Other (S	(nec#u)			
ξl	27. MANNER OF DEATH	28s. DATE OF (Month, Da	INJURY	28b. TIM	E OF	28c. INJ	JRY AT		28d. DESCR		JURY OC	CURED	
ВУ	1. Netural 5 Pending 2 Accident Investigation	(MONII, Da	ry, reary	1140	JURY M	1 Y		NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building, a	F INJURY — At hometral (Specify)	e, ferm,	street, facto	ery, office			28t. LOCATION OF 1	ON (Street allown, State)	nd Numbe	r or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN												and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	n 88	2				29c, LICE	NSE NUMI	998		29d. DAT	S-4-	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	1 COMPLETED CAUSE	E OF DEATH (ITEM	27) (Type	Print)	7	90	ne	e 1	L J	2	070	3
	AUG 0 5 1993	File Day	R'S SIGNATURE	22									

1. DECEDENT'S NAME (Fire	t, Middle, Lest,	D.	SIS	KOS					2. DATE OF D	DAY	YEAR	3. TIME OF DEATH						
4. SOCIAL SECURITY NUM									8	2	1993	5:09 A						
577-80-612		5. SEX 8.	AGE (In yrs. les		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B (Month, Day	; Year)	8. BIRTHI Country							
9e. FACILITY NAME (# not a		Δ	4/		9b, CITY	. TOWN C	TOWN OR LOCATION OF DEATH				COUNTY OF DE	Greece						
MERCY	MED	ICAL CENT	ER						CITY		Baltim							
RESIDENCE OF DE	10b, COUN	TY		10c, CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY						
Maryland	Mont	gomery	553	В	urtor	nsvi	11e				170	LIMITS?						
10e. STREET AND NUMBER						101	ZIP COD			10g.		HAT COUNTRY?						
3823 Landso	lale C						2008				Greec	е						
11, MARITAL STATUS 1 Never Married 2 5 3 Wildowed 4 Div	VER IN U.S. AF YES 2 1			If yes, sp	ecity Cubi	OF HISPAI on, Maxica Specif	NIC ORIGIN? (Sp in, Puerto Rican y:	ecify Yee or No. , etc.)	- 14. RACE Black Specif	- American Indian, White, etc. White								
15. DE (Specify or	CEDENT'S ED	UCATION de completed)		CEDENT'S				na	16b. KINI	OF BUSINESS	INDUSTRY							
Elementary/Secondary		College (1-4 or 8+)	life	. Do NOT u	se retired.)													
12			Res	taur	ant	0per		_		estauran								
17. FATHER'S NAME (First,)									ME (First, Middle		ne)							
Demetrios 190. INFORMANT'S NAME		skos	10	b. MAILING	ADDRES	S (Streat a			Poute Number, C		Zin Coviel							
Diamantoul		kos							rtonsvi			086						
20a. METHOD OF DISPOSI			20b. PLACE	ANDDATE	OF DISPOS	SITION / N/n	me of		DATE	20c. LOCATION	V — City or Tox	rn. State						
1 Donation 5 Othe		mover from State	Gate	of F	ther plece) leave	n Ce	mete	ery	8/5/	Silver	Sprin	g, MD						
1 Burlel 2 Cremetton 3 Removel from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FORERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY HINES—RINAL TO FUE THE HOME 11800 New Hampshire Ave. Silver Spring, MD. 20904																		
disease or condition resulting in death) Sequentially list cond if any, isading to immicause. Enter UNDERLY CAUSE (Disease or Injust in initiated events resulting in death) LA:	odiats rING ury	b	R AS A CONSE	OUENCE O	F): F):	A-VII		<u> </u>	ba- VI	S0430								
PART II. Other signific		ons contributing to de	eath but not i	reaulting	In tha ur				- Ev	WAS AN AUTOF PERFORMED? EES 2 D M		WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?						
EXAMINER?	TO MEDICAL	HOSPITAL:	biOutantiant 1	□ DO4	OTHE	R:			neck only one)									
27. MANNER OF DEATH	Pending	1 Inpetient 2 X X 28e. DATE OF IN (Month, Day,	JURY	28b. TIN		28c. INJ WO			6 Other (Spi 28d. DESCRIE	E NOW INJURY	OCCURED	- 28						
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e, PLACE OF I	NJURY — At he (Specify)	ome, farm,	street, fact				281. LOCATION	N (Street end Nur vn, Stete)	mber or Rural R	oute Number,						
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 DEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.																		
SHONATURE AND TITL	- 4	felling	24					ENSE NUI OCMI		29d.		(Month, Day, Year) 2 1993						
MARIO TE (Follo	JK MD				ree	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print) WAS 10 TO GOLD TO THE MODERN STREET, Baltimore, Maryland 21201											
31. DATE FILED (Month, Day		JULIE DEN				_												

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMN-16 Rev 1/89

THE RELEASE OF THE PARTY OF THE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certilicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
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	1 - STATE REGISTRAR	OINIE OF IMP	CE		ICATE O			MENIAL HTO			
	1. DECEDENT'S NAME (First, Middle, Last)	<	H45			<u> </u>		2. DATE OF DEA		YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDE	D 24 MDC	7. DATE OF BIRT	23_		LACE (State or Foreign
	578-40-6247	1 M 2 F	90	YRS.	MONTHS DAYS	_	MIN.	(Morith, Day, Ye	er)	Country	S5/A
1 2	9a. FACILITY NAME (If not institution, give	street and number)	70		9b. CITY, TOW	DR LOCATI	ON OF DE			UNITY OF DE	23/14
DIRECTOR	FERA WOOD	House	ē		BEthe	ERY					
EC	10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN OR LO	ATION					10d. INSIDE CITY
H	MARYLAND	MONTGOME	RY	В	ETHESDA						LIMITS?
A A	10e. STREET AND NUMBER					01. ZIP COD	E		10g. C		HAT COUNTRY?
ER	6530 DEMOCRAC	Y BLVD.				20817	7		UNI	TED S	TATES
BY FUNERAL	3 M Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: WHITE										White, etc.
0	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCUPA			16b. KIND 0	F BUSINESS/II	NDUSTRY	
lu l	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT	work done during se retired.)	nost of work	ng				
N N	12			HOM	EMAKER				OWN	HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1, 112		ME (First, Middle, M	laiden Surname))	
BE	LOUIS ZALEZNIK					MAI	RY GO	DODMAN			
5	19a, INFORMANT'S NAME (Type/Print)							Route Number, City of			
-		ughter)	10	749	BREWER	HOUS	E ROA	AD; N. B	ETHESD	A, MD	20852
	20a. METHOD OF DISPOSITION 1 X Burial 2 Commention 3 Department	novel from State	20b. PLACE A	MATE MATE	OF DISPOSITION	Name of I	SRAEI		c. LOCATION -		
	4 Donation S C Other (Specify 21, SIGNATURE) OF FUNERAL SERVICE LI	colore	NATL.	CAPI	roll HEB	-			APITOI	HEIG	HTS, MD.
	Who stee	The sea				AND ADDRE			MODTAT	CITATI	ELC THE
\perp	DANZANSKY-GOLDBERG-MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852										
	23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that	ceused the de	ath. Do							Approximate interval Between
	IMMEDIATE CAUSE (Final		3 15 25 27 11 12 2								Onset and Death
	disease or condition resulting in death)	a. HEA	RTF	AI	LURE						Sudden.
	11										01
No No	Sequentially list conditions,	b. 9rte	OR AS A CONSED	P /	0515						019
I.A.	If any, leeding to immediate cause. Enter UNDERLYING		entic		. ,.						ald
윤	CAUSE (Diseese or injury that initiated events		OR AS A CONSED		OF):						1019.
CERTIFICATION	resulting in death) LAST	4									
	PART II. Other significant condition	ne contribution to d	landle feed made			Aut pentile		7	in cores	Tests	
DICAL	PART II. Other significant condition	is contributing to a	eath but not n	esuiting	in the underly	ng cause	given in		AS AN AUTOPS ERFORMED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ğ								1 □ Y	ES 2 NO		OF DEATH?
ME											1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26	DI ACE OF I	NEATH /Ch	eck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Outpetlant 2	□ nos	OTHER:						
Ě	27. MANNER OF DEATH	28a. DATE OF III		28b. TII		NJURY AT	esidence	8 Other (Specif) 28d. DESCRIBE I		CCURED	
1	1 Netural 5 Pending	(Month, Day,	(Year)	IN		VORK? YES 2	ND				
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	me, ferm,	street, factory, or	lice		201, LOCATION (S	Street end Numb	per or Rural Ro	oute Number,
l W I	4 Homicide determined	building, at	іс. (Зреспу)					City or Town,	State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	ry knowledge, de	ath occur	red at the time, d	te end place	and due	to the cause(s) en	d menner as a	totad	
N N	(Check only one) 2 MEDICAL EXAMIN										end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		-	_			ENSE NUI				(Month, Day, Year)
8	Last of	2)				5	マ):	319	130. U		8-93.
유	30. NAME AND ADDRESS OF PERSON WI	1D COMPLETED CAUSE	OF DEATH (ITER	M 27) (Typ	a, Print)		- ()	J (/			5 /0.
	1 1 -	10C, M3	82181	Uisc	2120	Arr	3	ethan a	la n	(a	
	31. DATE FILED (Month, Day, Year)	3 REGISTRAR	S SIGNATURE	depo	-1.0181	/ 4]		ether a	167 //	1 32 .	
	AUG 0 2 1993	Juna van	1400A-Nov								

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Manager of Blitter

FOR

	1 - STATE REGISTRAR		SIAIE UF N	IANTLAN	CERTIF					MENIAL	REG. NO.	t				
	1. DECEDENT'S NAME (First,	Middle, Last)	-							2. DATE OF	DEATH			3. TIME OF DEATH		
	Mary		S.	Snay						Augus	st 2,	1993	YEAR	11:45 A M		
ı	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday)		R t YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign		
i	242-86-8669		1 M 2 🔀 F		47 YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 2	24,194	46	North Carolina			
1	9a. FACILITY NAME (If not ins					9b. CIT	Y, TOWN	OR LOCATION	ON OF DE	ATH		9c. COU	INTY OF D	EATN		
Ì	9505 Aspenw	ood Co	ourt			Ga	ithe	rsbui	g	Montgomery						
	RESIDENCE OF DEC	EDENT														
						Y, TOWN								10d. INSIDE CITY LIMITS?		
۱	Maryland	MOI	ntgomery			aithe								1 X YES 2 X NO		
	9505 Aspen	d (Tourse				10	r. zip codi 208						/HAT COUNTRY?		
į	11. MARITAL STATUS	wood (12. WAS DECEDEN	EVED IN II	C ADMED	1 40	W# 0 DE			IIC ORIGIN? (J.S.A			
	1 Never Married 2 🛣 3 Widowed 4 Divor		FORCES? 1 IF YES, GIVE W	YES :	S INO	13.	If yes, sp		n, Mexica	n, Puerto Ric		or No-	Speck Whit			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working															
	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)															
5+ homemaker own home																
	17. FATNER'S NAME (First, Mi		1							ME (First, Mid		Sumame)				
	Harry Sw		1							Elswic						
										Poute Number,			,	0.70		
	Richard A. S			000 01	ACE AND DATE		-		ن و و و و	aither	7					
	20s, METHOD OF DISPOSITION 1 → Burlal 2 □ Cremation 4 □ Donation 5 □ Other	n 3 □ Rem	oval from State	cemetal Ga t	ry, crematory or o	other place	n Cai	m Δ ₁	10 6	93			City or To			
1 & Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cametary, crematory occother place) Gate of Heaven Cem. Aug. 6, 93 Silver Spring, Md.									ing, nu.							
ł	DeVol Funeral Home 10 E. Deer Park Dr., Gaithersburg, Md. 2087															
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition and the sequentially list condition area. Enter UNDERLYII CAUSE (Disease or injust initiated events resulting in death) LAST	ons, liste	e. Out to DUE TO c.	OR AS A OF	line.	ally NS Di		wys						interval Between Onset and Death		
	PART II. Other significat	nt condition	a contributing to	death but	not reaulting	in the u	ndariyin	g cause (given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATN (Che	eck only one)						
	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 DOA	OTHE	R:			6 Other (S	Snecify!					
	27. MANNER OF DEATH		26e. DATE OF (Month, De	INJURY	20b. TIM		28c. INJ			28d. DESCR		JURY OC	CURED			
ı		Pending nvestigation	(MORE), De	y. rour)	l les	M		YES 2	NO							
	3 Suicide 6 0	Could not be letermined	28e. PLACE Of building,	INJURY — Mc. (Specify)	At home, term,	street, fac	tory, offic	•		261. LOCATI City or	ON (Street e. Fown, State)	nd Number	r or Rurel R	oute Number,		
			CIAN: To the best of R: On the beele of ex											end manner ee stated.		
	296. SIGNATURE AND TITLE	OF CERTIFIER	(Laur le	41				29c. LICE	HSE NUM	IBER 917		29d. DAT	E SIGNED	(Month, Day, Year)		
I	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	, Print)		-	1	A			0 1	1/2		
	Naeem Chau		M.D. G	EORC SIGNATURE	ASTW.	N	W	W.	HO	20	W	151	4.1	10.		
	AUG 0 6 1993 Sulia Davidson-Randalla															

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DNMN-16 Rev 1/89

3. TIME OF DEATH

C.

SULLIVAN

509 IDLEWILD AVE.

JULY 31,

EASTON, MD. 21601

		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER 2		7. DATE OF (Month, D		
-		218-16-5	958	1 X M 2 □ F	68	YRS.	MONTHS	DAY8	HOURS	MIN.	JAN.	4,19	25
should		9e. FACILITY NAME (If not in	nstitution, give s	treet end number)			9b. CITY, T	OWN OF	LOCATION	OF DE	ATH		9c. COU
رة د	CTOR	1070 N.		NGTON S	T.			EAS	TON				TZ
- Pages 1	DIREC	10e. STATE MARYLAND	10b. COUNT	BOT			Y, TOWN OR		ON				
nsit permit	FUNERAL	100. STREET AND NUMBER 1070 N. W		GTON ST	., APT	.160)4	101.	216	01			10g. CIT
21215-0020 al or attending physician for use as the burial-transit	B∀	11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W W . W .	YES 2		If :	yes, spe		Mexican	IC ORIGIN? (n, Puerto Ric :		or No
r attend use as		15. DEC (Specify on	CEDENT'S EDU	CATION completed)	- (0	Sive kind of	USUAL OCC	CUPATION ring most	N t of working		16b. K	IND OF BU	SINESS/IN
D 21 pital or ed for t	COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5 -	,	Do NOT u	se retired.) SALES	MAN	ī			BAK	ERV
YLAND by the hospit be detached at once.	OM	17. FATHER'S NAME (First, A	Aiddle, Last)		1100		7111111			R'S NAI	ME (First, Mid		
YL by th		RALPH M	. SUL	LIVAN					(GRA	CE M	ULLI	KIN
;, MARYLAND 21215-0. be retained by the hospital or attending ge 5 should be detached for use as the e notified at once.	TO E	190. INFORMANT'S NAME (MARGUERIT	Type/Print) E C.	SULLIVA	N 1	96. MAILING . 070	N. W	Street an	IING	r Rural R	ST.	City or Tow EA	n, State, Zi
IORE, e 6 may be ector, page must be		206. METHOD OF DISPOSIT		noval from State			E OF DISPO			Y	8-3		PPE
BALTIMORE, nours after death. Page 6 may be to removal. or removal. medical examiner must be		21. SIGNATURE OF FUNERAL	Dele LI	CENSEE TE	CF	5R	1		ADDRESS		ISON	EWNA ST.	M FU
P.O. BOX 68760, th certificate be executed within 24 and completely filling physician and completely filling the prior to burial, cremation, or other traumatic event, the	AL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	tions, ediete /iNG ury	cDUE TO	OR AS A CONSI	EOUENCE C	DF): DF):					24a. WAS AN	AUTOPSY
L RECORDS, law requires that the deat as been signed by the attacher or Health and Menta 23 shows any Inlury.	4: MEDICAL	De	alu	II.	me	U	the	C			_	PERFO	~/
FAL F The law r te has be te Dept.		25. WAS CASE REFERRED	TO MEDICAL						ACE OF DE	ATH (Ch	eck only one)		
VIT LIAN: T rifficat ne Stat	SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nursi	: ng Home	PERM	idence	8 🗆 Other ((Specify)	
OF HYSIC his ce with th	PHYSICI	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, L	FINJURY Day, Year)	28b. Til	ME OF	28c. INJU WOI	JRY AT RK? 'ES 2	NO	28d. DESC	RIBE HOW	INJURY O
ISION TENDING TOR: After deatt	ED B	2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE C building,	OF INJURY — At I	nome, farm,	street, facto				28f. LOCAT City or	TION (Street Town, State	end Numb
1 1	PLE	CONSCR ONLY		SICIAN: To the best of ER: On the basis of a									
TO THE HOSPITAL TO THE EUNERAL TO THE WITHIN 72 I	BE	29b. SIGNATURE AND TITL			20	Ħ			29c. LICE DO1	NSE NUR	WBER		29d. DA
₽₽%.	2	30. NAME AND ADDRESS	PERSON W	HO COMPLETED CAU	SE O DEATH (IT	EM 27) (Typ	e. Print)						

STEPHEN P. CARNEY, M.D.

32. REGISTRAR'S SIGNATURE a Louidson Randoll

31AU GLED (M201, 1993

1993 YEAR 6:30 A. M 6. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH TALBOT 10d. INSIDE CITY LIMITS? 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S. 14. RACE — American Indien, Black, White, stc. WHITE UND OF BUSINESS/INDUSTRY r, City or Town, State, Zip Code)
, EASTON, MD. 21601 20c. LOCATION — City or Town, State
TRAPPE, MARYLAND EWNAM FUNERAL HOME EASTON, MD. ec or respiratory arrest, Approximate interval Between **Onset and Death** 3 400 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO RIBE HOW INJURY OCCURED ITION (Street end Number or Rural Route Number, or Town, State) e(s) end manner as stated. and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 18-2-93

OHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
/ISION	ATTENDING
\leq	OR
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5 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR nami SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State (Month, Day, Yea 0 - 28 215-37-9993 HOURS 1 M 2 XF 81 YRS. RUSSIA 10 191 were as the burla-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY _LIMITS? MARYT.AND MONTGOMERY ROCKVILLE 1 X YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13204 TWINBROOK PARKWAY #302 20851 RUSSIA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 14. RACE — American Indian, Black, White, etc. TIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ğ Elementary/Secondary (0-t2) College (1-4 or 5+) 4 HOMEMAKER detached OWN HOME once. 17, FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 25 Ħ **BORRIS SHAMISTIS** AZIA ARSHINOVA BE phode notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 AZIA SHAMISTIS 13204 TWINBROOK PARKWAY-ROCKVILLE, MD. 20851 8 20a METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE CHESED OSHEL EMMES 8/3 WASHINGTON, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADORESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. exam 20 1170 ROCKVILLE PIKE-ROCKVILLE, MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, in by Approximata shock, or haart failure. List only one cause on each line. intarvai Between 0 filled IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, or other traumatic event, the disease or condition Heute rev resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician a rt. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST marked, or Item 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 - YES 2 10 OF DEATH? 1 YES 2 10 certificate has been the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 lient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) After this ce death with t 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 5 Pending Investige Natural 1 YES 2 NO BY Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)) THE HOSPITAL OR ATTENDIF) THE FUNERAL DIRECTOR: At 9 filed within 72 hours after de 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 6 Could not be item 28 4 Homicide determined 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as attend.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL

TO THE FUNERAL I

BE filed within 72 h

IMPORTANT: It ii (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 9671 20 3 8.2.93 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Subre Man OLN lhesola 31. DATE FILED (Morith, Day, Year)

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REG. NO

MARYLAND 21215-0020

BALTIMORE

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2. DATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN Stapleton Michael 6:19Pm 7. DATE OF BIRTN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS B. BIRTHPLACE (S 1 M 2 - F HOURS YRS 197-24-9956 6-10 PA. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR SUBUR BAR Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD MONT WERSBURG MER permit. 1 LYES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 208 use as the burial-transit U.S.A. The hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married If yes, specify Cuban, Mexican, P 2 X Married BY IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify 3 Widowed 4 Divorced White Korean COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) detached for College (1-4 or 5+) 4 Accountant Hewlett-Packard Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) pe Ħ Stapleton John BE Ruth Diamond notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 McCafferty Joan Stapleton 16 Marquis Drive, Gaithersburg, Maryland 20878 director, page must be 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 🔀 Cremation 3 ☐ executed within 24 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE cometary, crematory or other place) Metropolitan Crematory 4 Donation 5 Other (Specify) 8/2 Alexandria, VA. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 20877 10 E.Deer Park Dr., Gaithersburg, MD. the or removal. medicai filled in by t 23. PART i. Enter the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart fallure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Finel Onset and Death** the attending physician and completely fille Mental Hygiene prior to bunal, cremation, event, the 1/2HR disease or condition resulting in death) MULTIPLE

OUE TO (OR AS A CONSEQUENCE OF): RAUMA traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-If any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, een signed by the of Health and Me PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL requires that the 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 23 shows any 1 TES 2 NO has been s Dept, of H 1 YES 2 NO PHYSICIAN: ₩. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF OEATH (Check only one) State certificate HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 I Nurs 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 28 is marked, with this 5 Pending Investigation 1 Netwfel HIT ON DIVER'S SIDE 705 28 1 YES 2 NO death BY DIRECTOR: After the hours after death 2 Accident HOSPITAL OR ATTENDING 28e. PLACE OF INJURY 281. LOCATION (Street City or Town, State and Number or Rural Route Number 3 Sulcide At home, term, street, factory, office 6 Could not be COMPLETED ng, etc. (Specify) 4 Nomicide 971 QUINCE ORCHARD STREE TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI DE filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) BE D07099 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 277 (Type, Print) FRANCIS Bonuage 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AUG 03 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in both. The funeral director, page 5 should be detached for use. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burie, cremation, or removal. IMPORTANT: If them 28 is marked or litem 23 shows any injury or other transmitter went the madical evantines must be notified as ance.	dille	Se		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to build. Certainloin, or removal. IMPORTAINT: If Item 28 is marked or Item 23 shows any Injury or other traumpatic event the medical examinar must be marked.	5	ğ		
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal or more and the manufacture of them 28 is married or fillen 23 shows any Intury or other trainmatic event the manufacture must be mattened or fillen 23 shows any Intury or other trainmatic event the manufacture must be mattened to the manufacture.	5	pe		
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to buna, cremation, or removal.	5	tac		9
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hyginen prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked on filler 33 shows any influence or influence transmittle event the marked are marked.	2	ģ		è
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	1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEA	TH		REG. NO				
- 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF		MY		3. TIME OF DEATH	_
	Clayton Rufus		Stro	ud				Augus	st 9,	199	3 YEAR	5:15 A. W	M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF (Month, D			8. BIRTH Count	IPLACE (State or Foreign	
	457-01-7698	1 M 2 F	86	YRS.	MONTAS DAT	8 HOURS	Mev.	Aug.	13,	1906	Ok.	Lahoma	
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOV	N OR LOCATI	ON OF D	EATH		9c. COL	INTY OF D	EATH	
0	Bayside Nursing (Center			Great	Mill	S			S	t. Ma	ary's	
DIRECTOR	10e. STATE 10b. COUNTY			10c CITY	r, TOWN OR LO	CATION						and higher ours	=
E I	Maryland St.	Mary's			llywoo							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				1	10f. ZIP COD	E			10- CIT	TEN OF Y	1 TYES 2 X NO	_
FUNERAL	Rt. 1 Box 28				- 1		636			1	S.A.	THAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	PECENDENT (F HISPAI	NIC ORIGIN? (Snacify Va			E — American Indian,	_
	1 Never Married 2 Married	FORCES? 1 [YES 2 X N	0	If yea	specify Cuba ES 2 ⊠ NO	n, Maxica Specif	in, Puarto Rici	in, etc.)	- OI NO-	Blaci	k, White, atc.	
B	3 Widowed 4 Divorced	,			'''	ES 2 XX NO	эресп	у.			Speci	ite	
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	16a. DE:	CEDENT'S	USUAL OCCUP	TION most of workle	307	16b. KI	ND OF BU	SINESS/IN			_
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			ork done during e retired.) actor		-8						
Ž	10th Grade			struc	ction	1							
	17. FATHER'S NAME (First, Middle, Last)		AME (First, Mide										
8	Raleigh Ha 19a. INFORMANT'S NAME (Type/Print)	mpton	Stro				nie		Edit			thews	_
임	Joy S. Readmond		R	t. 1	ADDRESS (Stree	B. Hol	or Rural : LVWC	Poute Number,	arvl:	m, State, Zij and	2063	6	
	20a, METHOD OF DISPOSITION				F DISPOSITION			DATE		CATION —			_
	1X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cemetary, crer	natory or ot	her place) 1 Ceme	hom.	Ω /1	12/93				Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	1 00y C	парс.	22. NAMI	AND ADDRE	SS OF FA	CILITY					-
	Midwelk	1 0	1.									P.A.	
	23. PART I. Enter tha diseases, or o	yaram	elv		P.O.	Box 2	70,	Leona	rdto	wn, N	Maryl	and 20650	
	snock, or neert fellure.	ist only one ceus	e on each line.	etn. Do n	ot anter the	noda or dy	ing, suc	h as cardiac	or resp	iratory sr	rest,	Approximate interval Between	1
	IMMEDIATE CAUSE (Final disease or condition	6	11.		0	. 0						Onset and Death	1
	resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF) fee	rulli	6						_
z		DUE TO (apsti	110	He	anh	Per	Line	6				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR-AG A CONSEC	UENCE OF):		10	4,000					+
୪	cause. Enter UNDERLYING CAUSE (Disesse or injury	Ren	nal	+c	ulli	16							
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	UENGE OF):								
5													
CAL	PART II. Other significant conditions	contributing to d	laeth but not re	sulting is	n the underly	ing cause g	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	d
일									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ '	YES 2	ZNO		OF DEATH? 1 YES 2 NO	1
ż								_					1
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF D	EATH (Ch	eck only one)					1
	1 ☐ YES 2 ☐MO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 XNursing F	ome 5 🗆 Re	sidence	6 Other (S	Decify)				1
E	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY (, Year)	28b. TIME		NJURY AT WORK?		28d. DESCRI	BE HOW I	NJURY OC	CURED		1
à l	1 Natural 5 Pending 2 Accident Investigation			_	M 1[YE\$ 2	ON [
	3 Suicide 6 Could not be determined	28a. PLACE OF building, a	INJURY — At hor tc. (Specify)	na, farm, si	treet, factory, o	fice		281. LOCATIO City or To	ON (Street own, State)		or Rural R	loute Number,	1
를		IAN: To the best of n											ı
COMPLETED	one) 2 MEDICAL EXAMINER	: On the beels of axa	mination and/or in	rveatigation	n, in my opinio	, death occur	ed at the	time, data and	f place, an	d due to th	ne cause(s) and manner as stated.	ı
	296. SIGNATURE AND TITLE OF CENTIFIER	1.1	1116			29c. LICE						(Month, Day, Year)	1
2	00 NAME AND ADDRESS OF	05 /	1005			I	0334	70		▶ 8	5/10	193	
- 1	JU. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)								1
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print) Bhaskar Jhaveri, M.D. Leonardtown, Maryland 20650												
	Bhaskar Jhaveri,			dtow	n, Mar	yland	20	650					
	Bhaskar Jhaveri, 31. DATE FILED (MORPH, Day, Year) 1193	32. REGISTRAR			n, Mar	yland	20	650					-

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ALTIMORE, MARYLAND 21215-0020	or attending
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ALT	leath

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the reduction after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	ARTHUR N.	SAMIOS	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 9.3 6:35 A M						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M n 2	6. AGE (In yrs. last birthday) F 91 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) Greece						
TOR	9a. FACILITY NAME (If not institution, give street and number Greater Baltimore Me		9b. CITY, TOWN OR LOCATION OF D Baltimore	EATH 9c. COUN	TY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY MD Carrol	2	y, TOWN OR LOCATION estminster		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
ERAL	100. STREET AND NUMBER 152 East Main Stree	t	101. ZIP CODE 21157	10g. CITIZ US	EN OF WHAT COUNTRY?						
BY FUNERAL	1 Never Married 2 X Married FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify		14. RACE — American Indian, Black, Whita, etc. , Specify; WN1 te						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	various s									
OMI	17. FATHER'S NAME (First, Middle, Last)	,	18. MOTHER'S N	AME (First, Middle, Malden Surname)							
Ö	Nicholas Peter Sa	mios		tina Kypri	oti						
BE (19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural								
5	Mr. William A. Samio	s 5 Hor	rseshoe Circl	e, Luthervill	e. MD						
	20e METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from Stat 4 Donation 8 Other (Specify)	20h PLACE AND DATE	of Disposition (Name of 8/10 ther place) en Memorial G	DATE 20c LOCATION - C	ity or Town State						
No.	21. SIONATURE OF FUNERAL SERVICE LICENSEE Robert K. Pritts, Sr. 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chape 412 Washington Rd., Westmin										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONSEQUENCE OF	Your		5 mes						
DICAL CER	PART II. Other significant conditions contributing	g to death but not resulting	in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
ME					1 U YES 2 ONO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		28. PLACE OF OEATH (C	heck only one)							
Y PHYSICIAN:	27. MANNER OF DEATH 28s. DAT (Mo.	2 □ ER/Outpatient 3 □ DOA E OF INJURY nth, Day, Year) 28b. TIM INJ	4 Nursing Home 5 Residence	8 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCC	URED						
TED BY	3 Suicide 28e. PL/	CE OF INJURY — Al home, farm, of ding, stc. (Specify)	street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis		ed at the time, data and place, and du on, in my opinion, death occured at th								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER THE CLAN 60. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH HITCH AND	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)						
	PAULCEZANO MS		ESTOR CBM	9							
	AUG 1 0 '93	7									

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
10	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	ANNA BROOK	S SCHUY	LER			8	3 199	3 4:45P
		6. AGE (III	-	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 1 () - 1		BIRTHPLACE (State or Foreign Country) Delaware
DIRECTOR	9a. FACILITY NAME (If not institution, give stree Meridian Nursing		- 1		ston, Mo	ATH	9c. COUNTY Talk	
E C	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
5	Md. Talk	act				a		LIMITS?
1	10e. STREET AND NUMBER	JOL	L_Eas		<u>larylano</u> .zmp code	<u> </u>	10a. CITIZEN	1 YES 2 NO
ER/	541 S. Auron	ca C+			21/	601		
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	s or No.— 14.	Yes RACE — American Indian,
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			2 XND Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
9	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON moleted)	16a. DECEDENT'S US	BUAL OCCUPATION MORE	ON et of working	16b. KIND OF BU	JSINESS/INDUST	
COMPLET		College (1-4 or 5+)	Homema]	etired.)	st or working			
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	Sumame)	
BE (James B. Brooks	s,Sr.				Fisher		
0	19e. INFORMANT'S NAME (Type/Print)					Soute Number, City or Tox		
	J. Robert Faulk	ner	8380	Ingle	ton Rd.	, Easton	n, MD	21601
	20g_METHOD OF DISPOSITION 1 (X Buriel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)		PLACE AND DATE OF I			1	ocation - city ston,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			ID ADDRESS OF FAC			
	JOHN R. M	F0.F5.		Newn	am Fune	eral Home	e, P.A	. •
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF): CONSEQUENCE OF):	MIJUR	d.			Severaly
2	DATE II ON THE STATE OF THE STA							
: MEDICAL	PART II. Other algoriticant conditions of			- /	g cause given in		RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)		
Sic		IOSPITAL:		THER:	e 5 🗆 Residence	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ Y WO		28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED B	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Specific	— At home, farm, stre	et, factory, office	•	26f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
COMPLE	29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowle On the basis of examination						ruse(s) and menner as stated
TO BE COM	296. SIGNATURE AND TITLE OF CENTER OF	holy.	nD		29c. LICENSE NUN D 3/46	6	▶ 8/	GNED (Month, Day, Year) 4/93
	20 NAME AND ADDRESS OF PERSON WHO C LV Jon (J. Gy / 16 d) 31. DATE FILED (Month, Day, You)	en amo.	606 D-	Telyn	ors Con	e Engo.	Ins	2/60/
	AU8 5 1993	32. REGISTRAR'S SIGN						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlah-to be filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burlah, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or

David H. Smith
31. DATE FILED (Morrib, Day, Year)
AUG 5 1993

5 1993

_		1 - STATE REGISTRAR	STATE OF MAR		DEPARTM RTIFIC					GIENE		93	24337
		DECEDENT'S NAME (First, Middle, Last) AI	BERT HO	WARD	SCHA	RCH			Aug. 4,		3	YEAR	3. TIME OF DEATH 6:30 A.
		212-18-6418	X M 2 □ F 7	GE (in yrs. lasi 5		UNDER 1 YEAR		MIN.	July 2	0°,19	18	o. BIRTHE	PLACE (State or Foreign
	TOR	9e. FACILITY NAME (# not institution, give stree Bozman-Neavi RESIDENCE OF DECEDENT	,	O. Box			t t	ON OF DEA	тн		Tal		ATH
	DIRECTOR	Maryland Talbo	ot		10c. CITY, TO Neav	1200	CATION						10d. INSIDE CITY LIMITS? 1 YES 2 ANO
	FUNERAL	Bozman-Neavitt Rd					2165	_			U.S.		HAT COUNTRY?
1	g										or No-	Black,	- American Indian, White, etc. White
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 11	TION mpleted) Cotlege (1-4 or 5+)	(Gh	CEDENT'S USU we kind of work Do NOT use re	done during tired.)		ng		of Busi	NESS/INDU	STRY	
E .	BE COM	17. FATHER'S NAME (First, Middle, Lest) Oscar Herman Sc	charch	Wat	CIMAI		- 1		E (First, Middle, Matild	Maiden S	Surneme)	gs	
	2	19a. INFORMANT'S NAME (Type/Print) Mildred A. Scharch	1						ute Number, Cit. Maryla		State, Zip (
anust be		20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	20b.PLACE A Camelery, coor NEAV1	nd date of di patory ocother i	sposition, plage) etery	Aug.	7, 1	993		ation — c		n, State yland 21652
CYGHINE		21. SIGNATURE OF FUNERAL SERVICE LICENS		Me	.0	22. NAME Harr	and address ison I	ss of facil	onard				21663 Maryland
m, ure medica		23. PART I. Entar the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	lectal	care	nion	antar the n	noda of dyl	ing, auch	as cardiac o	r reapin	atory arre	at,	Approximata interval Between Onset and Death
COTIEIOATION	EHILICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEO	UENCE OF):								
S. MEDICAL O	MEDICAL	PART II. Other aignificant conditions c	contributing to deat	h but not ra	sulting in th	na underly	ng cause g	given in Pa		MAS AN APERFORM YES 24	ED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
DUVOICIAM.	SICIAL SICIAL		IOSPITAL:	utpatient 3		HER:	PLACE OF DI		k only one)				
DV DLV		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yes	TY	28b. TIME OF	28c, [YJURY AT WORK?	1	28d. DESCRIBE		JURY OCCL	RED	
2 6	9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At hon pecify)	ne, farm, street	t, factory, of	ice	2	281. LOCATION City or Town	(Street and	d Number o	Rural Ro	ute Number,
COMPLET	COMPLE	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: 0	N: To the best of my kr	nowledge, dea	th occurred at	the time, da	te and place,	and due to	the cause(e) a	nd mann	er ea stated	i. Cause(a)	and manner as stated.
TO BE	N N	29b. SIGNATURE AND TITLE OF CENTURER WE AT THE MANUAL STREET OF PERSON WHO CO	n.				29c. LICE	988-	FR 7		29d. OATE	SIGNEO (Month, Day, Year)
1	- 11	The residence of Fernant Will Co	OMPLETED CAUSE OF	MENT (ITEM	41) (type, Print	r)					/		

D. 509 Idlewild Ave.

Easton, MD, 21601

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit the belief within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

_		1 - STATE STATE OF MARYLAND / CE	DEPARTMENT ERTIFICATI			NTAL HYGIEN		24338			
	-	1. DECEDENT'S NAME (First, Middle, Last) Albert Zane	Sullivan		2.	DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH			
	1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday) IF UNDER	R 1 YEAR IF UNDE	ER 24 HRS. 7,	DATE OF BIRTH		TNPLACE (State or Foreign			
		212-32-3542 184201 58	YRS. MONTHS	DAYS HOURS	MIN. JU	(Month, Day, Year)	OOF COU	rginia			
	œ	9a. FACILITY NAME (If not institution, give street and number) Harford Memorial (Hospital)		avre de	TION OF DEATH	F DEATH 9c. COUNTY OF DEATH					
	6	RESIDENCE OF DECEDENT		avic ac	GLACC		IMITIO	La			
	DIRECTOR	Maryland Harford	Havre de					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	FUNERAL	314 North Earlton Road		101. ZIP COO 2107	78		-	WHAT COUNTRY?			
	1 Travel married 1 23 married										
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White										
	旦	(Specify only highest grade completed) (Giv	CEDENT'S USUAL Or to kind of work done Do NOT use retired.)	CCUPATION during most of world	dng	16b. KIND OF BUS					
	COMPLET		echanic			Publi	c Works				
once	S	17. FATNER'S NAME (First, Middle, Leat), Henry Lester Sullivan				First, Middle, Maiden					
led at	BE	-	MAILING ADDRESS	Sir			ierce				
examiner must be notified at once.	임				on Road			e, Md. 21078			
must			nd date of dispos natory or other place) TO MENIOT		dens	OATE 20c. LOC	CATION — City or Al	dino, Md.			
miner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. H	NAME AND ADDRE	ESS OF FACILITY MCCOT	nas III F	uneral 1	Home, P.A.			
al exa		Howard K. Me Comes 78	7 1	317 Coke	esbury	Road, Ab	ingdon,	Md. 21009			
or other traumatic event, the medical		23. PART I. Enter the diseases, or complications that caused the des shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSECUENCE OF TO COR AS A	ie A	rest	ying, such sa	cerdiec or reepli	ratory arrest,	Approximate Interval Between Onset and Death			
aumatic e	ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	UENCE OF):	card	iac	onfa	retion) Sudden			
or other to	RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	UENCE OF):								
ET,	CE	PART II Other significent conditions contributing to deeth byt not re	suiting in the un	deriving cause	given in Pari	1 24n WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS			
any in	MEDICA	= Rhoumatoid Attive	tis	identying cause	given in run	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		= Benign Prostatio	- Hy	hertr	Jely	1		OF DEATH?			
em 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER	26. PLACE OF C	DEATH (Check o	only one)					
or item	HYSI	1 ☐ YES 2 ☑ NO		sing Nome 5 R	- V	Other (Specify)	HIEV OCCUPED				
-26	BY P	1 (Month, Dev Year) 2 Accident Investigation	INJURY M	WORK?		. VESCRIBE NOW III	JOH! OCCORED				
28 is		3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At hombuilding, etc. (Specify)	ne, farm, atreet, fact	ory, office	281	. LOCATION (Street a: City or Town, State)	nd Number or Rura	Route Number,			
IMPORTANT: It Item	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dear one) 2 MEDICAL EXAMINER: On the best of examination and/or in						(a) and manner as stated			
RTANT		29b. SIGNATURE AND TITLE OF GERTIFIER			ENSE NUMBER			D (Munch, Day, Year)			
MP0	O BE	5.0 (00m)		DO	256	16	Azeq	711.93			
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	10	1.	11-	-	8- Q- 1			
		31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	on roce	a, c	vini	Na	OFE	e grace Me			
		AUG 09'93 Sphia Beridan	Pandall								
		U						DHMH-18 Rev 1/89			

1	1. DECEDENT'S NAME (First, Mic		Mary E	rla.	STALL	INGS		DEA			REG. NO	DAY	YEAR	3. TIME OF DEATH	
1	MA										5	1 "	93	8 P	1
	4. SOCIAL SECURITY NUMBER 215 48 4734		5. SEX		n yrs. last birthday	MONTHS	DAYS	IF UNDER	R 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign	
1			1 □ M 2 🖾 F	81	YRS.		600	5-2-5.17			9-191	1	MD		
l or	9e. FACILITY NAME (If not institu					9b. CIT	Y, TOWN	OR LOCATI	ION OF D	EATH		9c. COU	NTY OF D	EATH	
CTOR	Presidential	L Woo	ds Nursi	ng Ce	enter	Ade	1phi					Pri	nce	George's	
l m		b. COUNTY	1		10c, C	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY	_
E E	MD	Pr	ince Geo	rgets	s Up	per N	ar1k	oro						LIMITS?	
AL	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	-
ER	4709 Largo	Rd.					2	20772	2				USA		
FUNER	11. MARITAL STATUS		12. WAS DECEDEN			13.					GIN? (Specify Ye	e or No-		- American Indian,	-
	1 Never Merried 2 Mer		FORCES?					ecify Cube 2 😾 NO			to Rican, etc.)		Speci	k, White, etc.	
Э ВҮ	3 Widowed 4 Divorced		2											" white	
ETED	15. DECEDE (Specify only hig	phest grade			16a. DECEDENT	work done	durina mo	ON ast of working	ing		16b. KIND OF BU	SINESS/IN	DUSTRY		Ī
ZE	Elementary/Secondary (0-12)		College (1-4 or 5	+)	houses		,								
COMPL	17. FATHER'S NAME (First, Middle	J. J. acti			nouse	ATTC		40 4400							
E C	Joseph Sam		Chaney	Sr.						Mae	st, Middle, Maiden				
20	19e. INFORMANT'S NAME (Type/		1		196 MAII IN	O ADDRES	S /Street a				umber, City or Tox		- Codel		
5	Shirley M. W		1								boro, N		0772		
	20s. METHOD OF DISPOSITION			20h	PLACE AND DAT	_						CATION -		- State	-
	1 ☐ Burlal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Spo		oval from State		Try, crematory or Z10n				8-7-			hian			
	21. SIGNATURE OF FURERAL SE	_	ENSEE	A		_		O ADDRE			LEGO	111411	(1111)	TID	-
	>11/ M	2/2	1 14	-											
	22 PART I Enter the disease	Co conce	1 10	-						- 4 -					
		1000 OF 6	complications the	ppo	the death file						Home, P			, MD 20736	
	ahock, or heer	t feilure.	complications the	caused use on ee	the death. Do									Approximata Interval Batween	
	ahock, or heerd IMMEDIATE CAUSE (Finel disease or condition	t fellure.	List only one car	use on ee	ch line.	not ente	r the mo	de of dy	Ing, suc	h aa c	erdiac or resp	iratory er	reat,	Approximata	•
	inock, or neen	t fellure.	a. An	i GN	ich line.	not ente	r the mo	de of dy	Ing, suc	h aa c	erdiac or resp	iratory er	reat,	Approximata Interval Batween	•
7	IMMEDIATE CAUSE (Finel disease or condition	t fellure.	a. An	i GN	ch line.	not ente	r the mo	de of dy	Ing, suc	h aa c	erdiac or resp	iratory er	reat,	Approximata Interval Batween	•
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OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

DENOREMS 4203 QUEEN Sung Rd Hys HTVILLE MID 20781

(x Your)

32. REGISTRAR'S SIGNATURE

Lika Savidson-Randalle

AUG - 9 1993

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executed prior to burial,

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IN OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN:
DIVISION	ATTENDING
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	HOSPIT

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 6:23 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 6. BIRTHPLACE (State or Foreign 10 4 2 | F DAYS 212-62-1682 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR University of Maryland Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel **Annapolis** 1 XYES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3C Marcs Court 21403 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 \(\frac{1}{N} \) NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ntary/Secondary (0-12) College (1-4 or 5 +) 11 Brick mason once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Asbury notified at Smith BE Isabella Harris 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Smith 3C Marcs Court Annapolis, MD 21403 ě 20g: METHOD OF DISPOSITION
1 D Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must St. Edmonds Church Cem. 8/10/93 4 Donetion 5 Other (Specify) Chesapeake Beach, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, 1451 Dares Beach Rd. Prince Fred., MD20678 medicai Approximata Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition event, resulting in death) traumatic CERTIFICATION Sequentisity list conditions, if any, leeding to immediate After this certificate has been signed by the attending physician death with the State Dept. of Health and Mental Hygiene prior to s marked, or Item 23 shows any injury, or other traum cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: t YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with th Item 28 is marked, of 28c, INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated FUNERAL (
within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: P 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month) BE M 9 MPLETED CAUSE OF DEATH (ITEM 27) (Type Frint) 30. NAME AND ADD

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32. REGISTRAR'S SIGNATURE Lulia Tavidson-Randalle

93 24341

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / (CE)	DEPARTMENT OF HE RTIFICATE OF 1		REG. NO.		
	1. DECFOENT'S NAME (First, Middle, Last) LAUETNE FOR	0-l- /	, 3	2.	DATE OF DEATH MONTH DAY		
~			oirthday) IF UNDER t YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	6. BIF	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give street as	nd number)	9b. CITY, TOWN OR	R LOCATION OF DEATH	27/24/57	9c, COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	Word weging	Jany Bay.	san.		Balt	imore City
	10a. STATE 10b. COUNTY SOM	Erset	10c. CITY, TOWN OR LOCATION) No			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER			ZIP CODE		10g, CITIZEN OF	F WHAT COUNTRY?
В	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARMI ORCES? 1 TYES 2 THO FYES, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC Colly Cliban, Mexican, Po	ORIGIN? (Specify Year) uerto Rican, etc.)	Bi	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	eted) (Give life. D	DENT'S USUAL OCCUPATION kind of work done during most o NOT use retired.)	of working	16b. KIND OF BUSI	NESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)		borer	18. MOTHER'S NAME (First, Middle, Malden S	umame)	
TO BE	19a INFORMANT'S NAME (Type/Print) HICIA A. Whiti	196. I	MAILING ADDRESS (Street and	SArAh d Number or Rural Route ard son F	Number, City or town,		4 4 4
	20e_METHOD OF DISPOSITION 1 Denistry 2 Cremation 3 Removal fi 4 Donation 5 Other (Specify)	om State cemedry, drema	D DATE OF DISPOSITION (Name	a of	DATE 20c. LOC	ATION - City of	Town, State
21. SIGNATURE COTUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 314 COUR ST. Crisfield, Md						77.	217
23. PART . Enter the diseases, or complications that caused the death, Do not enter the mode of dving, such as cardiac or respiratory error							
	25. TART II. Enter the diseases, or compl	ications that caused the deat	h. Do not enter the mode	e of dying, such as	cardiac or respira	story errest,	Approximate
	shock, or heer failure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	any one ceuse on each line.	roll rules			ntory errest,	Approximate interval Between Onset and Death
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSCOUL	iculus Her ENCE OF):			atory errest,	interval Between
IFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events	any one ceuse on each line.	ENCE OF):			atory errest,	interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31, DATE FILEO (Month, Day, Year)

AUG 1 0 '93

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randala

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Charles (31. DATE FILED (MONT), Day. AUG 0 9 '93

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	1 - FOR STATE REGISTRAR			NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO	IE	
E COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Cary 4. SOCIAL SECURITY NUMBER 5. SEX	カe 6. AGE (In yrs. las)		MONS DER 1 YEAR IF UNDER 24 HRS.		AY YEAR 3 /993	3. TIME OF DEATH \$835 M ITHPLACE (State or Foreign
	216-09-8700 1 M 2 9a. FACILITY NAME (If not institution, give street and number	F 88	YRS. MONTH		(Month, Day, Year) 07-03-1	Cou	rginia
	PENINSULA REGIONAL ME RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	DICAL CENTI		SALISBURY N OR LOCATION		WICOM	
	Maryland Somerse	t		incess Ann	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Edge Hill Terrace			2185			U.S.
	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARI 7 1 YES 2 N GIVE WAR OR DATES		II. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	Ble	ACE — American Indian, ack, White, atc. echy: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary [0-12) College (1-12) 2	(Gi		e, West. E		SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Joseph Simmons				AME (First, Middle, Maiden ena Sumpt		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Adrian Bozman			ESS (Street and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	0.50
	20a. METHOD OF OISPOSITION 1 Burlet 2 Cremation 3 Removal from St. 4 Donatiga 5 Other (Specify)	20b. PLACE A	ND DATE OF DISP	Rd., Princ osition/Neme of metery	DATE 20c. LO	CATION — City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	·)		2. NAME AND ADDRESS OF A Hinman Fu Princess	neral Hom	ıe	
	23. PART I. Enter the diseases or complication shock, or heart feilure. Liet only or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pre	eth. Do not end	ter the mode of dying, suc	ch as cardiac or respi	iratory errest,	Approximata interval Between Oneat and Daath
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RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSEQUENCE TO	next	sena	1		
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ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:	ОТН				
PHYSICIAN:	27. MANNER OF DEATH 28a. D/	nt 2 ER/Outpatient 3 NTE OF thJURY onth, Day, Year)	28b. TIME OF INJURY	lursing Home 5 Residence 28c, INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	ACE OF INJURY — At hor ilding, etc. (Specify)		1 YES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Rure	I Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bes						e(a) and manner as stated.
TO BE C	28b. SIGNATURE AND TITLE OF CERTIFIED.	me	m	29c. LICENSE NU	MBER 9	29d. DATE SIGNE	ED (Month, Day, Year)

29c. LICENSE NUMBER 728 21 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ON, MD 30434 Mt.

32. REGISTRAR'S SIGNATURE

June Devilor Arricles Stegmon, MD 21853 Vernon DHMH-16 Rev 1/89 24848 86

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

6

												9	1	6	.34	
	FOR 1 . STATE	STATE OF N	MARYLAND /	DEPAR	TMEN	T OF HE	ALTH /	AND I	MENTA	HYGI	FNE	_				
	REGISTRAR					E OF E			*******	REG.						
	1. DECEDENT'S NAME (First, Middle, Last)					1			MONT	OF DEATH	DAY		YEAR	3. TIM	E OF DEAT	Н
	ANNA M.			0	1	ark			JÜL	Ÿ 10,	1	993	TEAR	10	31	M
		5. SEX	8. AGE (In yrs. les	t birthday)			IF UNDER 2	-	7. DATE	OF BIRTH	e)		8. BIRT	HPLACE	(State or Fo	reign
	148–10–2647	1 M 2 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB	. 21,	['] 1	903	PEN	NSYI.	VANI	A
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CIT	Y, TOWN OR	LOCATIO	N OF DE	ATH		\neg	9c. COU	NTY OF I	DEATH		
S.	PENINSULA REGIONAL	L MEDICA	L CENTE	TER SALISBURY WICOMIC						ICO						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I 40. 0.	0c. CITY, TOWN OR LOCATION											
E							W							L	INITS?	
	MARYLAND WICOMI 10g. STREET AND NUMBER	LCO		MTT	,LAKI	ARDS								YES 2 X	NO	
FUNERAL												_		WHAT CO	OUNTRY?	
Ä	9104 BETHEL ROAD				21874								JSA			
	1 Never Merried 2 Married	FORCES? 1	YES 2 X	YES 2 ANO 13. WAS DECENDENT OF NISPANIC If yes, specify Cuben, Mexicen,				IIC ORIGI n, Puerto	N? (Specify Rican, etc.)	Yes o	or No-	14. RAC Blac	E — Amek, White	ericen India, efc.	in,	
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	ES 2 ANO If yes, specify Cuben, Mexicen 1 DATES 1 YES 2 NO Specify:				<i>r</i> :			- 1	Spec				
	15, DECEDENT'S EDUCAT	TION	16a. DE	CEDENT'S	USUAL C	CCUPATION			168	b. KIND OF	BUSI	NESS/IND	USTRY	W	HITE	
<u>-</u>	(Specify only highest grade co	College (1-4 or 5 +	(Gi	ve kind of v Do NOT us	vork done	during most o	of working									
COMPLETED	10		′	HOM	IEMAI	KER				OWN	но	ME				
Š	17. FATNER'S NAME (First, Middle, Last)				-	1	IS. MOTNE	ER'S NAI	ME (First,	Middle, Mei	den S	urneme)				
BE C	HUGO W. REIM			ANNA MAIRE WARGA												
10 B	19e. INFORMANT'S NAME (Type/Print)		191	. MAILINO	ADDRES	S (Street and	Number o	or Rural F	Route Num	ber, City or	Town,	State, Zip	Code)			
=	DOROTHY A. WILLIAR	CD CD	91	104 E	ETHI	EL ROA	AD I	WILI	ARD	S, MA	RY	LAND	2	1874		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remova	ml from Ptate	20b. PLACE A						DAT	E 20c.	LOC	ATION —	City or To	own, Sfe	te	
	4 Donation 5 Other (Specify)		SUNSE	MEN	ORL	AL PAR	RK		7/10	6/93	FE	ASTE	RVI	LLE,	PA.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			22.	NAME AND	ADDRESS	S OF FAC	CILITY							
- 3	1 212 0 61															
- 11	loth K. Why	mo.			н	ASTING	es m	IINEE	2AT. 1	HOME	S	FT.RV	נדדעי	.F.	DF	199
	23. PART i. Enter the diseases, or con-	mQ mplications that	caused tha de	ath. Do n		ASTING						ELBY				
	23. PART i. Enter the diseases, or con shock, or heart fallure. Lis	mplications that	caused tha de	ath. Do r										6	Approxima	ite etween
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel	mplications that st only one caus	se on aach line.		ot ante	r tha mode	of dyln	g, such						6	\pproxima	tween
	23. PART i. Enter tha diseases, or conshock, or heart failure. Lis immediate cause (Final disease or condition resulting in death)	mplications that st only one cause	Se on each line.	car	lia	the mode	of dyin	g, such	as car	diac or re	apiri	atory arr		6	Approxima	ite etween
Z	23. PART i. Enter tha diseases, or conshock, or heart failure. Lis immediate cause (Final disease or condition resulting in death)	mplications that st only one cause	Se on each line.	car	lia	the mode	of dyin	g, such	as car	diac or re	apiri	atory arr		6	Approxima	ite etween
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BY PHYSICIAN: MEDICAL	23. PART I. Enter tha diseases, or conshock, or heart failure. Lis immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO (Contributing to cont	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHE 4 Number of Marcat, fac	26. PLAC R: 26. PLAC R: 28c. INJURY 1	ause gir	eg, such	Part I. Part I. 286. Determined to the care time, determined to the care time.	24a. WASP PER 1 YES PER 1 YES CATION (Str. or Town, St	AN AN AN FORM IN. 2 [UTOPSY HED? NO NO NO NO NO NO NO NO NO N	24b CURED or Rural I	S. WERE AMARLAND OF DEAR	Approximation and a second and a second and a second a se	nte priveen Death

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32. REGISTRAR'S SIGNATURE

DNMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after death. Page 6 m	y the funeral director,	Tovaí.	cal examiner mus
uted within 24 hours	completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ic event, the medi
ith certificate be exec	tending physician and	al Hygiene prior to bu	or other traumat
requires that the dea	een signed by the at	of Health and Ment	shows any injury,
HYSICIAN: The law	his certificate has b	with the State Dept.	ked, or item 23
OR ATTENDING P	DIRECTOR: After to	hours after death i	item 28 is mari
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	ND MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMEN	OF H	EALTH DEA	AND N	/ENT/	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH	
. 4	Horace Edgar Tro	th, III							Jul	ти У 30,		YEAR	2:45 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. leas	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	F OF BURTH	-	8. BIRTH	IPLACE (State or Foreign	
	578-07-9117 So. FACILITY NAME (If not institution, give s	1 M 2 □ F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) Ly 31,1		Counti	Maryland	
R	Friends Nursing				96. CITY			Spri				nty of o	omery	
5	RESIDENCE OF DECEDENT				1								omer 1	
DIRECTOR	Maryland 106. COUNT	w Montgomery		10c. CITY, TOWN OR LOCATION Ashton									10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO	
AL	10e. STREET AND NUMBER 10f. ZIP CODE						E	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	17520 Shenandoah	Court						2086	51		Unit	ced :	States	
ᆵ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARI	MED	13.	WAS DEC	ENOENT C	OF HISPANI	C ORIG	IN? (Specify Yes Pican, etc.)	or No-	14. RACE	- American Indian, k, White, atc.	
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR						Specify:		rinoani, etc.;			"> White	
	15. OECEDENT'S EDU	CATION	16a DE	CEDENTIO	USUAL O	CCUBATIO	NA.		Las					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gr	ve kind of	work done	during mo	st of working	ng	10	b. KIND OF BUS	HNESS/IND	USTRY		
COMPLETED	Entrantally Geodesia (G-12)	4		Seli	f-Emp	oloye	ed			Pa	inter	•		
S S	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First,	Middle, Maiden	Surname)			
BE C	Horace Edgar Tro	th, Jr.					Grad	ce Ed	lith	Harr				
TO B	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street e	nd Number	or Rural Ro	oute Nur	nber, City or Town	, State, Zip	Code)		
F	Mary Alice Silber	rt	17	7520	Sher	nand	oah (Court	As	hton, 1	Maryl	and	20861	
	20a_METHOD OF DISPOSITION 20b_PLACEAND DATE OF DISPOSITION /// BATE 20c_LOCATION City of Town State													
	4 Donation 5 Other (Specify) George Washington Cemetery Adelphi, Maryland													
!	21. SIGNATURE OF FUNERAL SERVICE LICENSEE While Elbrus M00672 22. NAME AND ADORESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501													
	· will E,	Bouen	M0067	72	W:	scoi	nsin	Aven	ue,	Bethe	sdá,	Mary	/lănd 20814-	
	23. PART I. Enter the diseases, or o	complications that cause	ed the de	ath. Do i	not antar	tha mo	da of dy	ing, such	as ca	rdiac or raspi	ratory arr	est,	Approximata	
	IMMEDIATE CAUSE (Final										Interval Between Onset and Death			
	disease or condition resulting in dasth)	Cerebral	Vasc	ular	Dise	ease							5 Years	
	DUE TO (OR AS A CONSEQUENCE OF):													
S O	Sequentially list conditions, Due to (or as a consequence of):													
A	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSEQ	IVENCE O	rj:									
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	S A CONSEO	UENCE O	f):									
CERTIFICATION	resulting in death) LAST	4												
	DART II Other elevident on distant													
ZAL	PART II. Other significant condition Peripheral Vasc			asulting	in tha un	derlying	cause g	given in P	Part I.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă		Julai Diseas	56						_	1 TYES 2	М МО		OF DEATH?	
Σ									_				1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			*		00.00	105.05.0	EATH OL						
S	EXAMINER?	HOSPITAL:	double of 2		OTHER	₹:		EATN (Chec						
H	27. MANNER OF DEATH	25e. DATE OF INJUR		28b, TIM	-	28c, INJ		sidence 6		SCRIBE HOW IN	HIBY OCC	TIBED		
	1 Netural 5 Pending	(Month, Day, Year	,		URY M	WO	RK7		200. 00	. COMBETTON III	3011 000	ONLO		
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At hon	ne, farm, e	streat, fact				28f. LO	CATION (Street a	nd Number	or Rural R	oute Number.	
Ä	4 Homicide determined	building, atc. (Sp	pecify)							or Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	owledge, des	rth occum	ed at the t	me, deta	and place	end due to	n the co	use(e) and ma-	ner ne etct	ed.		
Ĭ.	one) 2 MEDICAL EXAMINE	R: On the basis of axaminat	tion end/or in	rvestigatio	n, in my o	pinion, de	eath occur	ed at the ti	ime, dat	e end place, and	due to the	e cause(e) end manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUME					(Month, Day, Year)	
H	Duni In Han	00	M					02312					30, 1993	
2	30. NAME AND ADDRESS OF PERSON WHI							_						
	Dennis M. Hannon,	, M.D. 18111	. Prir	nce I	Phili	p Dı	cive	#32	8 0	lney, A	Maryl	and	20832	
31. DATE FILEO (MONTH, Day, Year) 32 REGISTRAIS SIGNATURE SUM DEVISION—RINGER														

_	MEGIS
,	Jean-
ľ	4. SOCIAL SE

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	/ MARYLAND / CE			NT OF H CE OF			MENT	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First	t, Middle, Last)					DEA		2. DAT	E OF DEATH			. TIME OF DEATH	
Jean-Rene T	rsiang	alara							MON			YEAR	10:28P.m	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UND	DER 1 YEAR	IF UNDER	24 HRS.		E OF BIRTH		BIRTHPLACE (State or Foreign Country)		
none		1 🖾 M 2 🗆 F	56	YRS.	-		10000	577	Aug	ust 22,	1936		gascar	
90. FACILITY NAME (II not in Suburban Ho					9b. CI	TY, TOWN O			EATH			TY OF DEA		
RESIDENCE OF DEC	-	· L					thes	sda				Monto	omery	
10a. STATE	10b. COUN	TY		10c. CIT	Y, TOW	N OR LOCAT	ION					1	Od. INSIDE CITY	
Maryland	Мо	ntgomery			Rockville							1	LIMITS?	
10e. STREET AND NUMBER							ZIP CODI	E			10g. CITIZ	EN OF WH	AT COUNTRY?	
12010 Ga	lena						208	52			Mad	lagas	car	
11. MARITAL STATUS 1 Never Married 2 🔯 3 Widowed 4 Divo	TEVER IN U.S. AR YES 2 TO MAR OR DATES	MED IO	1		cify Cube	n, Mexica	n, Puerto	IN? (Specify Yee Rican, etc.)	or No—	Specify:	- Amaricen Indien, White, etc. alagasy			
15. DEC	CEDENT'S ED	UCATION de completedi	16a. DE	CEDENT'S	USUAL	OCCUPATIO	N of consider		16	b. KIND OF BUS	INESS/INDU		aragasy	
Elementary/Secondary (College (1-4 or 5	Hho.	Do NOT us	ne retired	i.)	St OF WORK	10						
		4	lst	Con	sul	ar-Di			_	Embassy		iadag	ascar	
17. FATHER'S NAME (First, M		_					18. MOTI			Middle, Malden S				
Paul-Rene		galara	400							e Jeanr			У	
Suzanne Tsi		ara	- 1							ille, M			20852	
20a METHOD OF DISPOSIT	ION 2 X Box	mount from State	20b. PLACE	NDDATE	OF DISP	OSITION (Na			DA		ATION - C			
4 Donetion 5 Other	(Specify)		Cemetery, cre		of H	Tell-		e 8	8/6/	93 Hell	L-Vil	le, N	Madagascar	
Barbara	Cemetery of Hell-Ville 8/6/93 Hell-Ville, Madagascar 1. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0831 R2. NAME AND ADDRESS OF FACILITY ROBERT A. Fumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501													
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such se cardisc or reapiratory arrest, Approximate														
IMMEDIATE CAUSE (Fir disease or condition resulting in death)		Cardio	pulmona	ry Ai		st							Interval Between Onset and Death	
			(OR AS A CONSEC		•									
Sequentially list condit		D	erebral			nage							2 hours	
if any, leading to imme cause. Entar UNDERLY	ING		ocytope		,								2 months	
CAUSE (Disease or Inju thet initiated events			(OR AS A CONSEC		F):				_				2 Months	
resulting in death) LAS	T	d. Acute	Myelofi	orosi	s								2 months	
PART II. Other eignifica	nt condition	ona contributing to	death but not n	eculting	In the	underiying	cause g	lven in	Part I.	24s. WAS AN A	UTOPSY	24b. W	ERE AUTOPSY FINDINGS	
										PERFORI			MILABLE PRIOR TO OMPLETION OF CAUSE	
										1 TYES 2	M) NO		F DEATH?	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						ACE OF D	EATH (Ch	eck only o	one)				
1 💢 YES 2 🗌 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHI	ER: ursing Home	5 🗆 Re	sidence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 🔀 Natural 5	Pending	28e. DATE OF (Month, D		28b. TIM INJ	E OF	28c. INJL WOF			28d. DE	SCRIBE HOW IN	JURY OCCU	RED		
2 Accident	investigation				М		ES 2	NO						
	Could not be determined	building,	F INJURY — At hor etc. (Specify)	me, farm, s	rtreat, fa	ictory, office			28t. LO	CATION (Street ar y or Town, Stete)	nd Number o	r Rural Rou	te Number,	
290. CERTIFIER 1 X CERT	TIFYING PHY	SICIAN: To the best of	my knowledge de	ath conver	ad at the	a flora deta			4 - 4					
		ER: On the beels of e											nd manner ee stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIE	ER				T	29c. LICE		BER	Т	29d. DATE	SIGNED (M	Ponth, Day, Year)	
danh.	y /di	ister of					19	75	9		▶ July 31, 1993			
30. NAME AND ADDRESS OF							-							
Sandra J. (Ginsbe	erg, M.D.	2021 K	Str	eet	, N.W	., W	ashi	ngto	on, DC	2000	6		
AUG 0	3 1993	gula D	Widson-A	ndelle										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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VISION OF VITAL RECORDS, P.O. BOX 68760,	1
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HI			HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last, Florence					2. DATE OF MONTH Augus	DEATH DAY		3. TIME OF OEATH 93 6:25 P.M		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF			BIRTHPLACE (State or Foreign		
	517-20-5892	1 □ M 2 🔀 F	80 YRS.	ONTHS DAYS							
_	So. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OF	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Shady Grove Nurs	ing Center		Rockv	ille			Mont	tgomery		
IREC	10e. STATE 10b. COUN			TOWN OR LOCATION	ON				10d. INSIDE CITY LIMITS?		
	MD MO	ntgomery	Po	tomac					1 YES 2 X NO		
FUNERAL		- Harris Carret		101.	ZIP CODE		.10		OF WHAT COUNTRY?		
빌	12613 N. Stable	House Court	II C ADMED	T 40 MM 0 DEGE	20854	uc opionis	Danish Managa		RACE — American Indien,		
BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 WN IF YES, GIVE WAR OR DATES			If yes, spec	city Cuban, Mexica 2 MO Specify	in, Puerto Rici		NO- 14.	Black, White, etc. Specify: White		
	15. OECEOENT'S EO	UCATION	16a, OECEDENT'S U	SUAL OCCUPATION	N	16b. KI	ND OF BUSINE	SS/INDUST			
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mos	t of working	1271.19					
4	Lighteniary (0-12)	4	Teach	er		E	lement	ary S	chool		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
BE C	Lewis G	. Dahlgren				Ne1	lie Ta	11man			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street on	d Number or Rural i	Route Number,	City or Town, S	tate, Zip Cod	s(e)		
2	Francis D. Tu	gg1e	12613	N. Stab	le House	Ct.,	Potom	ac, M	D. 20854		
	20a. METHOD OF DISPOSITION 1X0 Burlet 2 Cremetion 3 Re 4 Donetton 5 Other (Specify)	moval from State of co	PLACE AND DATE Commetary, crematory of OSPECT His	r other place)	OSITION (Name DATE 20c. LOCATION City or Town, State						
1	21. SIGNATURE OF FUNERAL SERVICE I		обресс п	7	D ADDRESS OF FA	CILITY					
	* Michael	lD-Gil	low	10 E.D	eer Parl		Vol Fu Gaith		l Home urg, MD. 20877		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Adenocarcinoma										
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, figure 1 out to (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST	CDUE TO (OR AS A	CONSEQUENCE OF):								
岗		. d									
NA NA	Stroke	one contributing to deeth bu	ut not resulting in	the underlying	cause given in		PERFORME YES 2	D?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	Dementia					\circ			1 TYES 2 NO		
A N	25. WAS CASE REFERRED TO MEDICAL										
O	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (CA	V	POSITE AND ADDRESS OF THE PARTY				
1×S	1 TYES 2 NO 27, MANNER-OF DEATH	1 Inpatient 2 ER/Output 28e, DATE OF INJURY	26b, TIME		5 Residence		Specify)	ION UCCITO	eco.		
ВУ РЬ	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	PES 2 NO	200. DESCI	TIBE HOW HOL	on occon	ieo -		
	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26e. PLACE OF INJURY	— At home, farm, sti	reet, factory, office	1	28t. LOCAT City or	ION (Street end Town, State)	Number or	Rural Route Number,		
COMPLETED	onei	/SICIAN: To the best of my knowle							euse(e) end menner as atated.		
	29b. SIGNATURE AND TITLE OF CERTIF	IER		- 1	29c. LICENSE NU	MBER	2	9d. DATE S	IGNED (Month, Day, Year)		
BE (Bhll.	Schou			D265	20		Aug	ust 5, 1993		
5	30. NAME AND APPRESS OF PERSON V	VHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, I	Print)	3 2 2				-, -,-		
	Phyllis Schreine			Grove Rd	1., # 30	3, Roc	kville	, MD	. 20850		
	31. DATE FILEO (Month, Day, Year) ALIG 0 6 199	32 AEGISTRAB'S SIGNA	M- Aandell								

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	H	YEAR	3. TIME OF DEATH			
	MARY	MARGARET	VAN NES	SS				93	12:50PM M			
	4. SOCIAL SECURITY NUMBER 363-09-2868	5. SEX 6. /	AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 08 30		8. BIRTHP Country)	LACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES RESIDENCE OF DECEMENT											
DIRECTOR	10e. STATE 10b. COUNTY	.G.	10c. CITY,	TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	106. STREET AND NUMBER 600 Largo Rd				20772			S.A.	HAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	YER IN U.S. ARMED YES 27 NO OR DATES	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		14. RACE - Black, Specify.	- American Indian, White, atc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)		314.303.10	BUSINESS/INC					
MP	12	3	Secret	ary			tomotiv	re Co	0.			
BE CO	17. FATHER'S NAME (First, Middle, Last) William F. Kin	gan			Jean	ME (First, Middle, Ma						
10	19a. INFORMANT'S NAME (Type/Print) Keith D. Van N	200				Route Number, City or	,,		2003			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF					Md . 20901 - City or Town, State				
H	1 Donation 8 Other (Specify)	val from State	Chamber	er place) s Crema	tory	8/3	Riverdale, Md.					
	22. NAME AND ADDRESS OF FACILITY W.W. Chambers Of S801 Cleveland Ave. Riverdale,											
4	23. PART I. Enter the diseases, or c	(/ warm	lles	5801	Clevela	nd Ave. I	liverda	ale, l	D. 20737			
	ahock, or heart fallure. I	lat only one ceuse	on each line.						Interval Batween Onset and Death			
ATION	disease or condition resulting in death) a. CANDIDA SEPTICEMIA & BILATERAL DUE TO (OR AS A CONSEQUENCE OF): PNGY MUNIA b. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other significent conditions	contributing to dec	th but not resulting in	the underlying	ceuse given in	Part I. 24e, WA	S AN AUTOPSY	246.1	WERE AUTOPSY FINDINGS			
: MEDICAL							RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: M	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER											
YSI	1 TYES 2 NO	inpatient 2 - ER	/Outpatient 3 DOA			8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y	JRY 28b. TIME INJU	IRY WO	PRK?	28d. OEŞÇRIBE HO	OW INJURY OC	CUREO				
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF IN building, etc.	JURY — At home, ferm, st (Specify)	reet, factory, offic		281. LOCATION (St. City or Town, S		r or Rural Ro	ute Number,			
COMPLETED	opel		knowledge, death occurred						end menner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ayr			D- 7	874		el 1	Month, Day, Year)			
2	S. M. NAYAR MY		38 AVE	Print) BR	EMIMO	roo, m	0 20	722				
1	31. DATE FILEO (Month, Day, Year) AUG 0 4 1993	32. REGISTRAR'S	SIGNATURE PRINCESS				(B		MAIN.			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTA	AL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last) Nora	Marks Villa	rreal			MON	e of DEATH TH DA Ust 2,	1993	EAR 3.	12:05P M			
	4. SOCIAL SECURITY NUMBER 461-48-0832	1 🗆 M 2 💢 F 8		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mor Nov	e OF BIRTH th, Day, Year) . 30,19	907	BIRTHPLI Country) Tex	ACE (State or Foreign			
TOR RO	9a. FACILITY NAME (If not institution, give st Randolph Hills RESIDENCE OF DECEDENT	,			eaton	EATH		Mont	of DEAT	**			
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Montgomery	10c. CITY, T	TOWN OR LOCATION Potomac						d. INSIDE CITY LIMITS? YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 10505 Tyler Terra					101. ZIP CODE 20854				10g. CTIZEN OF WHAT COUNTRY? United States			
à	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	IARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 XING IS YES GIVE MAR OR DATE:			ENDENT OF HISPAP polify Cuben, Mexica 2 NO Specifi Mex.	m, Puerto	Rican, etc.)	or No— 14	RACE - Black, W Specify: Whit				
PLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)						b. KIND OF BUS	n Home					
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Fred Ma	arks			18. MOTHER'S NA Santo			Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) Gilbert Fuentes				errace,					0854			
20s. METHOD OF DISPOSITION 1								Mar	yland				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Bour J	7 M00672		Bethesda nsin Ave					y Funeral 7557 d 20814			
	IMMEDIATE CAUSE (Finel	List only one ceuse on ea	ch line.							Approximate interval Between Onset and Death			
ALION	disease or condition a. METASTATIC CARCINOMA SOURCE UNKNOWN M. DUE TO (DR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE DF): Due TO (OR AS A CONSEQUENCE DF):												
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):										
MEDICAL C	PART II. Other significant condition	s contributing to death bu	t not resulting in t	he underlying	j cause given in	Part i.	24a. WAS AN. PERFOR 1 YES 2	MED?	CO	THE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?			
	25. WAS CASE REFERRED TO MEDICAL								1 (YES 2 NO			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpet 28s. DATE OF INJURY	tient 3 DOA 4	THER: Nursing Hom	ACE OF DEATH (Ch	6 🗆 Oth	er (Specify)			1- 42			
À	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	INJURY	M 1 🗆 1	RK? 'ES 2 NO		SCRIBE HOW II						
LETED	3 Suicide 6 Could not be determined	building, etc. (Specia	ý)			Clh	CATION (Street a or Town, State)			Numoer,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Do the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								d manner as stated.					
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	Theye	(A)	_	29c. LICENSE NUI	89	44	29d. DATE S	BY /	onth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHI	rable Mi)		m) 3 K	20 PA	TOR	Jour 1	DIR D-	2-0	2895			
	AUG 0 4 1993	32 ARGUSTANA'S SIGNA June Devidoor	Mandell										

BALTIMORE, MARYLAND	furs after death. Page 6 may be retained by the hosp fied in by the funeral director, page 5 should be detached	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the the hosp TO THE FUNERAL DIRECTOR After this secrificate has been signed by the attending physician and completely after this transmission or accompany to the funeral director, page 5 should be detached.	De med writin 72 hours are death with the batte bebt, or regult and wented higher prior to bound, or entropa. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
irst, Middle, Last)		2. DATE O	F DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			MENTAL HYGIEN	_		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF OEATH	
		LLEE				8 3	93	5:34 A M	
	A CONTRACTOR OF THE PARTY OF TH	19. History of a	MONT	HS DAYS	HOURS MIN.	7. OATE OF BIRTN (Month, Day, Year)	RTNPLACE (State or Foreign ountry)		
	320-07-2465 1 9e. FACILITY NAME (If not institution, give street	M 2 □ F 82		OUTY TOWN O	R LOCATION OF DE	12-11-10	9c. COUNTY O	llinois	
DIRECTOR	9444 White Spring W		90.	Colu			Howar		
380	10s. STATE 10b. COUNTY		10c. CITY, TO	VN OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
	MD How	ard	Colu	ımb i a				1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
RE	9444 White Spring				21046		US		
BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	If yes, spe		iiC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:	S	RACE — American Indian, Black, White, etc. Specify: 1116	
8	15, DECEDENT'S EDUCATI	ON 16	. OECEOENT'S USUA	L OCCUPATIO	N	16b. KIND OF BU			
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir	one aunng ma: ed.)	t or working				
MPI			Sales I	irect	or	Groce	ry Stor	te	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	Sumame)		
BE	John Thomas Vallee					Ine Hardy			
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
-	Edna Vallee					Columbia			
	20e. METHOD OF DISPOSITION 1 Burial 25 Cremation 3 Removal 4 Donellon 5 Other (Specify)	from State	ther place)		etery, crematory or		CATION City of		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		cro crema		D ADDRESS OF FA		tonsvil	Te MD	
	D : 0 (// 14	1 + b.				ke Funeral		inc Sity MD 21043	
	23. PART I. Enter the diseases, or complications hat caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. Cardus C. Cardus								
7	Cardianus and tu								
10	Sequantially list conditions, If any, leading to immediata	DUE TO (OR AS A CO	4 3	7				1,400	
S	CAUSE (Disease or Injury	Como		Mul	lucus	2		4115	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEODENCE OF):	140.	escleen	,		VRS	
ER	d	6 eu	rul r	Free	DECLER	ecs			
PHYSICIAN: MEDICAL		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. August 1. 24a. WAS AN AUTOPSY PERFORMED? AN OCCUPANTION OF THE VESS 2 MINO CO. THY DELL'ELLEUM, MITHALL AGREE LECTURE 1.							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI		☐ Inpatient 2 ☐ ER/Outpeti		HER: Nursing Hom	6 5 Residence	8 Other (Specify)			
PH	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year)							
BY	2 Accident Investigation	24- DI ACE OF IN HIPV							
TED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — A1 home, farm, street, factory, office City or Town, State)								
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BE	29b. SIGNATURE AND TATLE OF CERTIFIER	29b. SIGNATURE AND WILE OF CERTIFIEN 29c. LICENSE NUMBER 29d. DATE SIGNED 270. ACCURATE NUMBER 29d. DATE SIGNED						MED (Mahth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print 4801 D		1 HALI	m 211	1072	ely my	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		-		· · · · · · · · · · · · · · · · · · ·			
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The property of the property o	PL		Conege (1-4 or 5+	Pre	eside	ent-O	wner			Vogt	s Au	ito F	Recyc	lers
The property of the property o	ON	17. FATHER'S NAME (First, Middle, L	est)					10. MOTH	ER'S NAI	ME (First, Middle	, Maiden	Surname)		
THE INTERIOR MAINTS NAME (Paperhol) 100 HOUSE VOGT 100 MINES		Frank I	ewis Voqt					Lot	tie	M. Wie	bkin	a		
20. PLACE AND DATE OF DISPOSITION 20. LOCATION — City or Town, State 20. PLACE AND DATE OF DISPOSITION/Name of consessy, createdry or other piece) 21. SIGNATURE OF PURENAL SERVICE UCENSEE FAVOR Of the piece) 21. SIGNATURE OF PURENAL SERVICE UCENSEE FAVOR OF PURENAL SERVICE UCENSEE		19e. INFORMANT'S NAME (Type/Prin	n)	191				nd Number	or Rural F	Route Number, Ci	ty or Town	, State, Zi		
Topic September Continue	F	Helen Muse Vo	gt		213	33 Gr	een	Mill	Rd.	Finks	burg	, Mo	1. 21	048
21. SIGNATURE OF FURFALL SERVICE LICENSEE 23. SIGNATURE OF FURFALL SERVICE LICENSEE 24. PART I. Entry the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. 25. PART I. Entry the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. 25. PART I. Entry the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. 26. PART I. Entry the diseases or condition resulting in death) 27. CAUSE (Disease or injun) 28. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 21. PART II. Other alignificant conditions. 22. PART II. Other alignificant conditions. 23. PART II. Other alignificant conditions. 24. PART II. Other alignificant conditions. 25. PART II. Other alignificant conditions. 26. PART II. Other alignificant conditions. 27. PART II. Other alignificant conditions. 28. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions. 29. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20. PART II. Other alignificant conditions. 20.		1 -Burial 2 - Cremation 3		cemetery, crei	matory or o	ther place)								4.70.00
Thomas D. Fletcher & Son Funeral Home 254 E. Main St. Westminster, Md. 21157 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Interest to the control of the cause of the control of	- 1			Evergr	een	Memo	rial	Gan	dens	8/11	Fink	sbur	g. M	aryland
254 E. Main St. Westminster, Md. 21157 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Shock, or heart fisiture. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition) Resulting in death) Sequentially list conditions, and the subject of the s		21. SIGNATURE OF FUNERAL SERV	1 1 0-41	I		Τ'n	OMAS S.S.MO	D.	Flet	cher &	Son	Fun	eral	Home
Intervil Between Consecution Intervil Between Consecution		Kany X.	thether			25	4 E.	Mai	n St	. West	mins	ter,	Md.	21157
NAMEDIATE CAUSE (Final disease or condition)		23. PART I. Enter the disease shoot, or heart fa	s, or complications that	caused the de	ath. Do	not enter	the mo	de of dyl	ng, suct	n as cardiac	or respl	ratory ar	rest,	
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PERFORMED? SWAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO		PART II. Other elgoliticant cor	ditions contribution to	death but not a		4- 46	4 - 4 4 -							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28a. PLACE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. SIGNATURE AND TIPLE OF CERTIFIER 28b. SIGNATURE AND TIPLE OF CERTIFIER 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	3	TAIT II. Other significant con	iditions contributing to	death but not n	esuiting	in the un	ideriying	ceuse g	iven in	Part I. 24a.			24b.	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ă									- 15	YES 2	NO		
Suicide Suic	Σ													1 TYES 2 NO
Suicide Suic	AN	25. WAS CASE REFERRED TO MEDI	CAL				00.5	10E 0E 0	- AT11					
Suicide Suic	20	EXAMINER?	HOSPITAL:	form			₹:							
Suicide Suic	¥						_		sidence			HIRV OC	~ IDEN	
3 Suicide 8 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATUSE AND TURLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 - 10 - 9.3			g (Month, Da				WO	RK?	NO	Edd. DEGGMB	e now ii	50N1 00	CONED	
296. SIGNATUSE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-10-93		2 Deviates	28a. PLACE DI	F INJURY — At hor	me, farm,	street, fact				281. LOCATION	(Street a	nd Numbe	r or Rural R	oute Number,
296. SIGNATUSE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-10-93	E			етс. (Бреспу)						City or Tow	rn, State)			
296. SIGNATUSE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-10-93	7	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of	my knowledge, der	th occurr	ed at the ti	lme, data	and place.	and due	to the cause(a)	and man	ner as sta	ted.	
296. SIGNATUSE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-10-93	WO													and menner as stated.
o percent of fam, 19. 139278 8-10-13		296. SIGNATURE AND TIPLE OF CE	RTIFIER /			^		29c. LICE	NSE NUM	IBER		29d, DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nova Print)		Molen	11/10	en,	M.	D.		0	34	298	'	•	8-	10-93
1 (1)00, 1111	F	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS					, 4				1		
Robert Kass, M.D. 532 Baltimore Blud Westminster, MD 21157			s,M.D. 5	32 B	9/+1	more	e B	lvd	l	Nest	min	ski	M	0 21157
		AUG 10 '93	Take San	SIGN	صائق									
MAND 1/1 UK		AUG I U 30												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10 (4)

1 - STATE REGISTRAF	1 -	FOR STATE REGISTRAR
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AL	ND MEN	TAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)				T DEFINIT	_	ATE OF DEATH			TIME OF DEATH
Mary Follia	rd Wieseman				MC	ly 29,	1993	YEAR 3.	7:12 A.M
		In yrs. lest birthday)	IF UNDER 1 YEA	R F UNDER 24 F	HRS. 7. DA	TE OF BIRTH		. BIRTHPLA	CE (State or Foreign
578-56-8123	1 🗆 M 2 🖾 F	50 YRS.	MONTHS DAY	8 HOURS M		onth, Day, Year) Dt. 14.1	942	Country)	ington,DC
9a. FACILITY NAME (If not institution, give stre	et and number)	30	9b. CITY, TOW	N OR LOCATION		pc. 14,1		Y OF DEAT	
1098 Larkspur Ter	race			Rockvil	10		Mo	ntan	mow!!
RESIDENCE OF DECEDENT				ROCKVII	16		MC	ontgo	mery
									I. INSIDE CITY
	omery	R	ockvil	le				15	YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
1098 Larkspur Terr	cace			20850			Unit	ed St	ates
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS I	ECENDENT OF H	ISPANIC ORI	GIN? (Specify Yea			American Indian.
3 Wildowed 4 Divorced	FORCES? 1 YES	ATES X		ES 2 NO		to ritceri, etc.)		Specify:	1351-251
15. DECEDENT'S EDUCA	TION								White
(Specify only highest grade of	ompleted)	(Give kind of w life. Do NOT use	rock done during	ATION most of working		16b, KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)								
17. FATHER'S NAME (First, Middle, Linst)	5+	Attorn	ey			U.S. Go		ent	
	. A					st, Middle, Maiden			
Robert J. Folliar	a	400				Molloy			
						lumber, City or Town			
John T. Wieseman						Rockvill			
XXBurial 2 Cremation 3 Remov	mi from State cem	PLACE AND DATE Of etery, cremetory or other	her niecel		1 -		CATION — CH		
4 Donation 5 Other (Specify)	NSFE G	ate of He	eaven (Cemetery	8/2/	/93 Sil	ver S	pring	, MD
1 10			22, NAME	AND ADDRESS (OF FACILITY	Robert	A. Pu	mphre	y Funeral
- Naviel E	· Jessy	M00803	Aver	P/Rockvi	LLLe, kvill	Inc. 3	00 We	st Mo	ntgomery 0-2805
23. PART I. Enter the diseases, Dr co shock, or heert fellure. Ll	mplications that cause	the deeth. Do n	ot enter the	mode of dying,	auch aa c	erdiec or respir	ratory arres	it,	Approximate
IMMEDIATE CAUSE (Fine)	or only one couse on e	ech mie.						i	Interval Between Onset and Death
disease or condition resulting in death)	Metastati	c Breast	Cancer	3					
	DUE TO (OR AS A	CONSEQUENCE OF):						
Sequentially list conditions, b.									
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury									
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
d.									
PART II. Other aignificent conditions	contributing to death b	ut not resulting in	n the underly	ring ceuse give	n in Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
						PERFORI	**	COI	HABLE PRIOR TO MPLETION DF CAUSE
								1	DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATI	H (Check only	r one)			
	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Nursing H	ome 5 N Reside	nce 6 🗆 O	ther (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	INJURY AT		DESCRIBE HOW IN	JURY OCCU	REO	
1 Natural 5 Pending 2 Accident Investigation	(manula bay, row)	Mac		WORK? YES 2 NO	0				
3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	treet, factory, o	ffica	261, L	OCATION (Street at	nd Number or	Rural Route	Number,
4 Homicide determined	Sandring, are. (Spec	,			· °	City or Town, State)			
29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICE	AN: To the best of my knowl	edge, dasth occurred	d at the time d	ata and place en-	d due to the	cause(s) and me-	ner so state d		
	On the basis of examination								manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIER						T T			
Gor Id . Trum	_) >			29c. LICENSE					nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) (Tune	Print)	D183	20		, 0 a	2 2	,
John Fetting, M.D.	600 North	Wolfe St	reet Ba	altimore	e, Mar	cyland 2	1287		
AUG 02 1993	TUNE DEVICE	STURE SECTION		_					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

A STATE OF THE PARTY OF THE PAR			,	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page 1, or removal.	s medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Peer the filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	NEGISTRAN		<u> </u>	.nin	CALE	OF L	EAIN		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leet) 7 YRONE	F TYRO	NE EUG	ENE	MOOI)		2. DA	TE OF DEATH	Y S	YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 333560436	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DAT	TE OF BIRTN Inth, Day, Year)			PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give s	C)							18/38			VA.
DIRECTOR	HOWARD County		Hospi	tal	9b. CITY, TOWN OR LOCATION OF DEATH COlumbia Be. COUNTY OF DE HOWAI							
5	RESIDENCE OF DECEDENT											
Ä.	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR I	OCATIO	N					10d. INSIDE CITY
	MD howa	ard		Co	lumbi			-				LIMITS? 1 YES 2 NO
FUNERAL	9553 High Wind	Court					21045			10g. CITI		WHAT COUNTRY?
Ž	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN ILC ADA	450	140 140							S.A.
교	1 Never Married 2 Married	FORCES? 1	YES 2 □N		III. WARE	s DECEN 16, speci	fy Cuben, Mexi	anic Oric can, Puert	SIN? (Specify Yes to Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 [YES 2	NO Spec	alfy:			Specif	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC (G/n	CEDENT'S	USUAL OCCL rork done duri e retired.)	PATION ng most o	of working	1	6b. KIND OF BUS	INESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			tist				Dentis	strv		
SON	17. FATHER'S NAME (First, Middle, Last)			Den	CISC	1	S. MOTNER'S N	_	t, Middle, Maiden	-		
BE (Gilbert Charl	es Wood					Ha11:	ie M	lae Tho	mps	on	
0	19a. INFORMANT'S NAME (Type/Print)		19b						imber, City or Town			
	Reginald Stone	estreet										, MD 21045
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACEA cemetery, cren	natory or ot	her plece)						City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1Dd I LU	L- / W			ADDRESS OF				1, 1	MD
	· William G	2 Little	100544				Fune		Home,	Р.	Α.	
	23. PART i. Enter the diseases, or o shock, or heart feliure.	complicatione that co	on each line	th. Do n	ot enter the	mode	of dying, su	ch as ca	ardiec or respin	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	ter the state of the	Milhor Will	/			1	11				Onset and Death
	resulting in death)	DUE TO (OF	AS A CONSEO	UENCE OF	DNA	Ry	1 141	(Ke	25	/		1 0100
z		Acquil	200 =	Im	mu	200	deti	CIP	NCU	Tan	rdRe	years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQ	UENCE OF):				/	1		
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQ	UENCE OF):							
FR	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to de	ath but not re	suiting i	n the unde	rlying c	ause given i	n Part i.	24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL							18 5		PERFOR		+	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC										Capito		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLAC	E OF DEATH (C	check only	one)			
HYS	1 TYES 2 THE	1 Inpetient 2 DEF		28b, TIMI	-	Home c. INJUR	5 Residence		her (Specify) ESCRIBE HOW IN	I II III OC	CHRED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	(bar)	INJ	JRY	WORK		100.0	EQUIDE NOW II	JOH! OC!	CONED	
ED B	3 Suicide 6 Could not be	28a. PLACE OF IN building, etc.	IJURY — At hor	ne, farm, s	treet, factory,	office		261. LC	OCATION (Street stry or Town, State)	nd Number	or Rural R	loute Number,
ETE	4 Nomicide datarmined											
COMPLET	29s. CERTIFIER (Check only one)											
8	2 MEDICAL EXAMINE		Instion and/or Ir	rventigation	n, in my opin	ion, deat	h occured at th	e time, de	He and place, sno			
BE	29b. SIGNATURE AND TITLE OF CENTIFIEF	0010	mD			2	9c. LICENSE NI	3 /	46	29d. DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	7 45 17	OF DEATH (ITEM	27) (Type,	Print)		11-1	/	. /		3/0	2
	& Clempi	vs	Hou	ARC	1 60	UN	ty H	0961	itAl	En	eng	Mency Room
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S					(V				/
	MUD () () (3)	Juna Da	rdson-R	ndall								

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0.	nysician.	ial-transit permit.
ND 21215-0020	hospital or attending phy	iched for use as the burial-transit permi

BALTIMORE, MARYLAI DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		11			2. DATE OF DEA	ATH		3. TIME OF DEATH
9	LYMAN E. WINSTE	LAD				монтн 08	02 9	3	2:27 p.m. M
	4. SOCIAL SECURITY NUMBER	TH	6. BIRTH	HPLACE (State or Foreign					
	240-14-3370 IX M 2 F 71 YRS. MONTHS DAYS HOURS MIN. (Month, Pay, Year) N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CHATH 9c. COUNTY OF CHATH								
FUNERAL DIRECTOR	St. Agnes Hospita			Balti		EATH	9c. C00	NIT OF C	EATH
EC	10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
E	MD Ba	alt	Ca	tonsvil	le				LIMITS?
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?
ER	2123 Rockhaven A	ive			21228		U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S			ENDENT OF HISPA			14. RACI	E — American Indian, k, White, atc.
ВУ Б	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 17 YES 2 IF YES, GIVE WAR OR DATES			city Cuban, Maxica 2 X NO Specif		tc.)	Speci	
		WWIT						V	White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	cation 16a	(Give kind of wor life. Do NOT use I	k done durina mo	IN st of working	16b. KIND (OF BUSINESS/INC	JUSTRY	
7	Elementary/Secondary (0-12)	Coilege (1-4 or 5+)							
M	17. FATHER'S NAME (First, Middle, Last)		Barber		40 MOTUEOUS NA	ME (First, Middle, I			
	Oren E. Winstead						,		
BE	19a. INFORMANT'S NAME (Type/Print)		195. MAILINO AI	ODRESS (Street a	MYTT.	le Colli		Codel	
임	Mrs. Lena K. Win	stead			n Ave Ca			,	28
	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF	OISPOSITION (Na			0c. LOCATION —		
	1 Donation 6 Other (Specify)		o Crematory or other			8-6-93	Catonsv	i11e	MD
	21. SIONATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA	CILITY			
	Harry	H. Witz	la	4112		a Pike E	llicott	Cit	cy MD 21043
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bacteremia Due To (or as a consequence of): Approximate Interval Betw Onset and Delay of the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, and or reepiratory errest, and or resulting in death) Approximate Interval Betw Onset and Delay or resulting in death)								
Z	Sequentielly list conditions,	Necrosis		small i	ntestine	and pr	oximal		3-4 days
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COM	NSEQUENCE OF):	lar	ge intes	tine			
일	CAUSE (Disease or injury	C DUE TO (OR AS A CON	SEQUENCE OF						
Ē	thet initiated events resulting in death) LAST	d. Atheroscl		cuporio	r masant	owie em	± 0		
B							Lery		years
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but n	Ot resulting in	the Underlying	cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
≥ :									1% YES 2 NO
X I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
S	EXAMINER? 1 YES 2 , NO	HOSP!TAL: 1, Inpatient 2 ER/Outpatien		THER:	5 - Residence	6 COther (Specif	VI		
훗	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	JRY AT		HOW INJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, rear)	INJUH	45	ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide datermined	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,							
3 Suicide 4 Homicide 5 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend.									e) and manner as stated.
- 11	296. SIGNATURE AND TITLE OF CERTIFIES	2000	1.		29c. LICENSE NU	MBER	29d. DATI	E SIGNED	(Month, Day, Year)
38	Muyar &	Juleza	N		D09990	1		8/03	
욘	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	int)					
	Michael E. Pelc 31. DATE FILED (Month, Day, Year)	zar, M.D. St.	Agnes Ho	ospital	900 Cat	on Ave.	, Baltin	nore	, MD 21229
	AUG 0 5 '93	Islia Davidson - Ran							-

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31. DATE FILED (Month, Day, Year)
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT (OF HEALTH AND OF DEATH	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, La	Wilso	00			MON	7-2	9-0	EAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 - 42 - 1668	1 🗆 M 2 🖫 F	(In yrs. last birthday)	MONTHS	MYS HOURS MIN	(Moi	E OF BIRTH	00	Country) M	laryland
NO.	9. FACILITY NAME (If not institution, gir Greater Lawrel = RESIDENCE OF DECEDENT	Beltsville H	osp	1	ITEL	DEATH		PG PG	Y OF DEATI	н
DIRECTOR		Montgomery	10c. Cl	ry, town on Buj	LOCATION Ctonsville	5				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3100 Spencery:				10f. ZIP CODE 20866			U.	S.A.	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	lf y	S DECENDENT OF HISI es, specify_Cuben, Mex YES 2 NO Spe	ican, Puerto	IN? (Specify Yes Ricen, etc.)	or No-	Black, WI Specify:	American Indian, hite, atc. White
ורבובט	15. DECEDENT'S E (Specify only highest gr			work done duri se retired.)	ing most of working	16	HO	MESS/INDUS	TRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Allen Pete:	rs	,		18. MOTHER'S	name (First,	. Hoffin	Sumeme) IAN		
9	190. INFORMANT'S NAME (Type/Print) Lorraine Roth		19b. MAILING 15316	Bond	Mill Road	al Route Nui 1 La	urel, M	laryLa	nd	20707
	20c METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 R 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State ce	b. PLACE AND DATE	metery	ME AND ADDRESS OF	8/		tonsv	ille,	State Md.
	23. PART I. Enter the diseases, of shock, of heart failur IMMEDIATE CAUSE (Finel	e. List only one cause on a	esch line.	31		Ave.	Laure	1. Mar	rylar	Approximata interval Betwee Onset and Doa
NO	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE C	PF):	ue					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	A CONSEQUENCE O							
MEDICAL	PART II. Other significent condit	ione contributing to deeth i	but not resulting	In the unde	rlying ceuse given	in Part i.	24e. WAS AN PERFORE	MED?	AMA COM OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	26. PLACE OF DEATH (<u>·</u>			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28	c. INJURY AT WORK? I YES 2 NO		SCRIBE HOW IN	HURY OCCUP	RED	
3	3 Suicide 6 Could not l 4 Homicide determined		Y — At home, farm, ocify)	street, factory	office		CATION (Street e. y or Town, Stete)	nd Number or	Rurel Route	Number,
COMPLET	One) 2 MEDICAL EXAM	YSICIAN: To the best of my know INER: On the beste of exemination							euse(e) end	d menner ee stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIF	level M.D.			29c. LICENSE N	7/6		29d. DATE S		onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON OF ANDREW KUN	ONAT, W.D.	8317		4 EMMY	CANC	LAC			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE							

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	S.	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ATANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: If

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (FYEM 27) (Type, Print)

32. REGISTRAR & SIGNATURE
Gulla Dandon

31. DATE FILED (Month, Day, Year)
AUG 0 9 '93

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93 24355 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH A WRI GHT 8 -1993 SENJAMIN . 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR JE UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F YRS Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SOUTHERN RESIDENCE OF DECEDENT -NACE BEENLE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Brandywine Prince Marvland 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8312 Dyson Road 20613 IIS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify. Specify 3 € Widowed 4 □ Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ife. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Federal Government 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) James Ernest Wright BE Mary Curtis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) ဝ Gloria Wright 8312 Brandywine, Dyson Rd, 20613 Maryland 20a. METHOD OF DISPOSITION

1 Graph Burlet 2 Cremation 3 Ref
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE Philip Church Cem 8/9 Baden. Marvland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Adams Funeral Home PA M00191 20605 Aquasco Rd, Aquasco Maryland20608 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory strest, shock, or heart fallure. Use only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition s. Carelio respire to my resulting in death) marsive, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING led DUE TO (OR AS A CONSEQUENCE OF): 2adi CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 1 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL:
1 () Inpatient 2 - ER/Outpatient 3 - DOA OTHER 1 - YES 2 NO ng Nome 5 🗆 Rasidenca 6 🗆 Other (Specify) 4 🗌 Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🖪 Netural 5 Pending Investigation BY 1 YES 2 🗌 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5/ 28639 8 MA 4 2

Weglobs em

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 use as the detached for retained by the funeral director, page 5 should be ours after death. Page 6 may be completely filled in by the rial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with an and com attending physician ntal Hygiene prior to requires that the death certificate be the atter signed by the

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE EUNERAL DIRECTOR: After this certificate has bo filed within 72 hours after death with the State Dept. IPORTANT: If Idem 28 is marked, or Idem 23:

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

notified at once.	
examiner must be	
medical	

1 - FOR STATE REGISTRAR		STATE OF 1	MARYLAND / [Cei		RTMEN					HYGIENI REG. NO.	5	3	2435
1. DECEDENT'S NAME (First	t, Middle, Lest)								2. DATE O	F DEATH DA	٧	YEAR	3. TIME DF DEATN
PEARL					1	NARI	REN		0.8	01	. 1	993	12;20
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. last b	oirthday)	#F UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF			6. BIRT	NPLACE (State or Fore
213-78-606	51	1 🗆 M 2 🔀 F	37	YRS.	MONTHS	DAYS	HOURS	MIN.	5-30	Day, Year)		Mai	yland
9a. FACILITY NAME (If not	institution, give a	treet and number)			9b. CIT	, TOWN	OR LOCAT	ION OF D			9c. COL	NTY OF	DEATH
720 E.3		TREET			Bi	ALT	IMOR	E			Bal	Ltimo	re
RESIDENCE OF DE	T												
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland	Balt	imore		Ва	ltim	ore							1 X YES 2 N
10e. STREET AND NUMBER	3						t ZIP COO)F			10a CIT	IZEN OF	WHAT COUNTRY?

Рм 12;20 ACE (State or Foreign land ATH FUNERAL DIRECTOR 9 Od. INSIDE CITY X YES 2 NO AT COUNTRY? 720 East 30th St., 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married Specify: Black BY 3 Wildowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) 9th Cashier Department Stores 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Claude William Warren BE Pearl Elizabeth Warren (senior) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pearl Elizabeth Johnson 35 East 25th St., Baltimore, Md., 21218 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE emetery, cremetory or other place)
Mt. Olive AME Cemetery 8+7-93 Butlertown. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BEnnie Smith Funeral Home Road 298, Butlertown, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition WTWPS WITH GAGGING MUUTIPLE STAB resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2 | NO OF DEATH? 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Name 5 | Residence 8 | Other (Specify) HOSPITAL: 1 X YES 2 □ NO nt 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 8/1/93 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 XND Subject was stabbed 8 2 Accident 28s. PLACE OF INJURY — At home, fer building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 720 4 Nomicide home 30th.STREET Ε. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and menner as stated. tion, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated, B. SIGNATURE AND TITLE/OF CERTIFIE 20c LICENSE NUMBER 28d. DATE SIGNED (Month, Day, Mary) BE O.C.M.E. 08/02/1993 0

30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF CHART TERM 27) (Non Print) GOLL

111 Penn Street, Baltimore, Maryland 21201

AUG 6 1993 32 REGISTRAR'S SIGNATURE a Dovidson

DHMN-18 Rev 1/89

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	notified
	must
al.	marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	medical
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burial of	natic
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and Mental Hygiene prior to burial, cri	Injury, or other traumatic ex
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	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) Samuel L	wi Samue	b Wilso	on					2. DATE	E OF DEATH	"3	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
	219-14-3209	1 □XM 2 □ F	87	7 YRS.	MONTHS	DAYS	HOURS	MIN.	0 1	-06-0	6	MAR	ZLAND
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D	EATN	33	9c. COU	NTY OF DE	ATN
5	DORCHESTER GENE	RAL HOSP	ITAL		CAl	MBRII	OGE				DO	RCHES	STER
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION					-	10d. INSIDE CITY
=	MARYLAND DORG	CHESTER				IDGE						- 1	LIMITS?
	10e. STREET AND NUMBER			01.			. ZIP COD	E			10g, CITI		IAT COUNTRY?
FUNERAL	705 GREENWOOD AV	/E.					2161	.3			US		
5	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT C	F NISPAI	VIC ORIGI	N? (Specify Yea			– American Indian, While, alc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	10		I yes, spe	2 NO	n, Mexica Specif	n, Puerto	Rican, etc.)		Specify	BLACK
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	I IALIERI C	OCCUPATION			T 40	b. KIND OF BUS	INCOS/INC	U Teny	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	ive kind of v Do NOT us	work done	during mo	st of working	ng	100	B. KIND OF BUS	MINE 33/INL	USINI	
릴	3rd			OOK						DOMEST	CIC		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	SAMUEL WILSON						L	UCII	LE I	WILSON			
0	19a. INFORMANT'S NAME (Type/Print)		198							ber, City or Town			
	GEORGE R. BANKS	,						CAME	BRID	GE, MD.	_		
	20e. METHOD OF DISPOSITION 1) Notice 1	oval from State	cemetery cre	MATEC	PEDISPO	SITION (Na TTFRV	me of	-	1	-93 CAM		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEL	1 1001	111111				SS OF FA	CILITY I	RENNIE	CMIT	H FIIN	VERAL SERV.
	13									ASTON,			
	23. PART I. Enter the diseases, or	complications thet	ceused the de	eth. Do n									Approximeta
	shock, or heart fellure. IMMEDIATE CAUSE (Final	Liet only one caus	e on each line			ulmo:					atory arr	vat,	Interval Batween
l		and	D Bul.	MIL	NA	AM	nary	DA	est	-1			Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF	Met	hidi	llin	Res	iste	nt Sta	ph Ai	ireus	
z		· MRS	A	pro	ma	Beh	8	1100			P	22 0 0 0	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	_	,.			-					
2	CAUSE (Disease or Injury	c CHF	Conge										
CERTIFICATION	that initiated events resulting in death) LAST	a Ali a	OR AS A CONSEC	DUENCE OF	Ath	gros	cler	otiç	Hea	rt Dis	ease		
CE	C	0.				100	V			ase			
Ä	PART II. Other aignificant condition	a contributing to c	death but not re	esulting I	n the u	nderlying	ceuse g	jiven in	Part I.	24s. WAS AN			VERE AUTOPSY FINDINGS
ä										1 - YES 2		0	COMPLETION OF CAUSE OF DEATH?
Z.							_		_			1	☐ YES 2 ☐ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL									<u> </u>			
2	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATN (Ch	ock only o	ne)			
¥ I	27. MANNER OF DEATN	1 Inpatient 2 I		DOA 28b. TIME		28c. INJU		sidence					
	1 Netural 5 Pending	(Month, Day	y, Ybar)	INJ		WOI		l MO	280. DE	SCRIBE HOW IN	IJURY OCC	UNED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hor	ma, larm, s	treat, Jac			1110	28I. LOC	CATION (Street a	nd Number	or Rumi Bo	ite Number
COMPLETED	4 Nomicide datarmined	building, e	tc. (Specify)						City	or Town, State)			
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSI	CIAN: To the best of n	ny knowledge, de	eth occurre	d at the	time, date	and pleca,	and dua	lo lhe ca	use(a) and men	ner as atate	ed.	
Š	one) 2 MEDICAL EXAMINE												and manner ea stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	Lisa Ki	rven, M	[.D.			29cg LICE	NSE NUN	IBER		29d. DATE	SIGNED (A	Aonth_Day,; Year)
0 8	30 NAME AND ADDRESS OF PERSON WH		Mb				PY	1-0	70	7	• 0	7/2	5/93

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)
JUL 28 1993

BALTIMORE, MARYLAND 2121

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	STATESTICAL DUVCIOIANG The last consistent that the death consistent he death
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ON	CHICKLE
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	1. DECEDENT'S NAME (First								2. DATE OF DE	EATH DA	v	YEAR	3. TIME OF DEATH
	CARL 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SECUR		liam			HITE			August				2:00 P M
			5. SEX	6. AGE (In yrs. las		IF UNDER	t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Month, Day,			8. BIRTH Countr	IPLACE (State or Foreign
	232-03-1602 9a. FACILITY NAME (# not #		1 M 2 F	88	YRS.				Feb. 7		905	Jol	ő, WV
Œ	i.					9b. CITY,	TOWN (OR LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH
DIRECTOR	Memorial Ho	spita	1 & Medic	al Cente	er	Cum	ber	land			A1	.lega	iny
E	10e. STATE	10b. COUN	тү		10c, CIT	r, TOWN O	R LOCAT	TION					10d. INSIDE CITY
ā	WV	H	ampshir	е		Ron	me	ÿ				- 1	LIMITS?
AL	10e. STREET AND NUMBER							f. ZIP CODE			10g. CIT	ZEN OF V	WHAT COUNTRY?
쁘	Rt. 50	E. P	ox 194					26757				US	
FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. \	WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spe	cify Yea	or No-	14. RACE	- American Indian
ВУ	3 Widowed 4 Divo		IF YES, GIVE W		0			ecify Cuben, Mexica 2 NO Specify		etc.)		Speci	r, White, etc.
	15 DEC	EOENT'S ED	I CATION	40 . 00									nite
COMPLETED	(Specify only Elementary/Secondary (0	y highest grad	le completed)	(Gi	CEOENT'S ve kind of w Do NOT us	rork done a	CUPATIO	ON ist of working	16b. KIND	OF BUS	INESS/INC	DUSTRY	
1	Secondary (c	F-12)	College (1-4 or 5 +)	oal		077			M÷~	·		
o o	17. FATNER'S NAME (First, M	iddle, Last)			, U al	1111.1.	rer.	18. MOTNER'S NA			ning		
BEC	Issac (. Wh	ite						Lon R		,		
	19e. INFORMANT'S NAME (7	ype/Print)	100	196	MAILING	ADORESS	(Street a	and Number or Rural F				Codel	
2	Mrs. Noah	Rig	gleman					30x 194					26757
	20a. METHOD OF DISPOSITI	ION		20b. PLACE A	ND DATE C	E DISPOSI	TION /No				ATION -		
	4 Donation 5 Other	(Specify)		Bavis	Ce]	ne te	rv				is,		
	25 SIGNATURE OF FUNERAL	BENVICE L	CEMBEE _	// /	1	22-1	AME AN	Te Fund	TI Leville	ome			
ģ	2	111	19		1.				avis,			2626	50
	23. PART I. Enter the di	seases, di	complications that	caused the dea	ith. Do n				as cardiac or	reeni			
	ehock, or he IMMEDIATE CAUSE (Fin		List only one cau	se on each line.					TEO CATOLEC OF	тешрп	atory on	eat,	Approximate interval Between
	disease or condition resulting in death)	→	. Cir	Cens	1		C	h_				1 1	Onset and Death
	Toolstong in Country		DUE TO	OR AS A CONSEQ	UENCE OF):							1
N	Sequentially list conditi		h:										_
CERTIFICATION	If any, leading to immediate. Enter UNDERLY	late	DUE TO	OR AS A CONSEQU	JENCE OF								
SE I	CAUSE (Disease or injustinat initiated events		E. DUE TO	OR AS A CONSEQ	IENCE OF								
E	resulting in death) LAS			on no n conseq	DEFICE OF								i .
		4	4										1
MEDICAL	PART II. Other significer	nt condition	ne contributing to	deeth but not re	suiting in	the unc	lerlying	cause given in i	Part I. 24a. V	WAS AN A	WTOPSY		WERE AUTOPSY FINDINGS
ă										YES 2	100		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
×									_		1	- 1	1 YES 2 NO
Ž	25. WAS CASE REFERRED TO	MEDICAL					20 04	ACE OF DEATH (Che					
길	EXAMINER?	MEDICAL	HOSPITAL:			OTHER							
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATN		28e. DATE OF	ER/Outpatient 3 (28b. TIME	_	ng Nome 28c, INJU	S Residence	28d. DESCRIBE		JURY OCC	URED	
	Natural 5 🗆 I	Pending	(Month, De	y, Year)	INJU	M M	1 Y	RK?					
B	2 C ALLE	rivestigation Could not be		INJURY — At hon	ne, ferm, si	reet, facto	ry, office		281. LOCATION		nd Number	or Rural R	pute Number,
		letermined	building,	etc. (Specify)					City or Town	, State)			
ا ت	290. CERTIFIER	IFYING PNYS	ICIAN: To the best of	my knowledge, des	th occume	d at the tin	ne, date	end place, and due	to the cause(s) e	nd man	ner es stat	ed.	
COMPLETED	Unack deal												end menner es stated.
	29b. SIGNATURE AND TITLE	OF CHITTER	р					29c. LICENSE NUM	BER	Т	29d. DAT	SIGNED	(Month, Day, Near)
BE	15	to	2	\sim	V)		D12779)		•	8/11	0199
2	30. NAME AND AGORESS OF	PERSON W	NO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)						-	
	Dr. G. Fisc	us M	emorial H	ospital	Medi	cal	Buil	Lding Cu	ımberlar	nd,	MD.	215	02
	31. DATE FILED (Month, Day,			R'S SIGNATURE	pia*								
1	AUG 1819	33	afternoon of the day	and the sale of the	4								

Port Republic, Maryland

	1. DECEDENT'S NAME (First, Middle, I	Last)				2. DATE OF DE	EATH DAY	YEAR 3.	TIME OF DEATN
	Patricia Je		1t			August		ILAN	6:55 P
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last birthday)		YEAR IF UNDER 24 HAS	(Month Day	Yearl	8. BIRTHPL.	ACE (State or Foreign
- 11-	135-24-5092	1 🗆 M 2 🖳 F	55 YRS.		THE RESERVE THE PARTY OF THE PA	January	15 1938	New	Jersey
	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TO	OWN OR LOCATION OF	DEATH	9c. COUN	TY OF DEAT	
	7641 Bond Stree			St.	Leonard			Calv	ert
Ä	10a. STATE 10b. CO	VTNU	10c. CI	TY, TOWN OR	LOCATION			10	d. INSIDE CITY
ā	New Jersey Ber	rgen	Fr	anklin	Lakes			10	YES NO
A .	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
₽ L	175 Edson Terra	ace			0741	7	US	A	
BY FL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If y	S DECENDENT OF NISP ea, specify Cuben, Mex YES 2 NO Spe	can, Puerto Rican,	city Yea or No— atc.)	14. RACE — Black, W Specify:	American Indian, /hita, etc. White
	15. DECEDENT'S (Specify only highest		16a. DECEDENT	S USUAL OCCU	UPATION ing most of working	16b. KIND	OF BUSINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +) life. Do NOT	use retired.)					
P F	12	4	real I	Estate	Agent/acc	ountant	Real Es	tate	
8	17. FATHER'S NAME (First, Middle, Las	t)			18. MOTNER'S	NAME (First, Middle,	Maiden Surname)		
- 12	Victor McNamara				Alma	Raymond			
2	19a, INFORMANT'S NAME (Type/Print)				itreet and Number or Run				11-15
-	Cathy Westervel	.t	175 1	Edson 1	Terrace, F	ranklin	Lakes, N	ew Je	rsey07417
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 C	Removal from State	20b. PLACE AND DATE cemetery, crematory or		ON (Name of	DATE	20c. LOCATION C	ity or Town,	State
	4 Donation 5 Other (Specify)		Mary Rest	Cemet	ery 8,	/10/93	Mahwah N	ew Je	rsey
7	21. SIGNATURE OF FUNERAL SERVICE			22. NA	ME AND ADDRESS OF	FACILITY	ch Funer	21 W	mo P A
	B. Rau	ach		144	05 Broomes				
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Moto DUE TO (COR AS A CONSEQUENCE OF AS	Jaca OF):			er, ko		Approximate interval Between Onaet and Death Moultus
H									
- 11	resulting in deeth) LAST	d.							
MEDICAL CE	PART II. Other significent cond	d.	daath but not resulting	In the unda	rlying cause givan i		MAS AN AUTOPSY PERFORMED? YES 2 NO	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
MEDICAL	PART II. Other significent cond		daath but not resulting	In the unda	riying cause givan l		PERFORMED?	AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
MEDICAL		AL	daath but not resulting		riying cause givan i	10	PERFORMED?	AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other significent cond	AL HOSPITAL:	dasth but not resulting	OTHER:		1 □	PERFORMED? YES 2 NO	AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	AL HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	26. PLACE OF DEATH (1 Check only one)	PERFORMED? YES 2 NO	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da	ER/Outpetient 3 DOA INJURY 28b. TI	OTHER: 4 - Nursing ME OF JURY M	26. PLACE OF DEATH (1) 13 Home 5 Residence 14. INJURY AT WORK? 1 YES 2 NO	1 Check only one)	YES 2 NO	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
ED BY PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da	ER/Outpatient 3 DOA	OTHER: 4 - Nursing ME OF JURY M	26. PLACE OF DEATH (1) 13 Home 5 Residence 14. INJURY AT WORK? 1 YES 2 NO	Check only one) 8 Other (Special DESCRIBE	YES 2 NO Why) NOW INJURY OCCI (Street and Number of	AM CO OF	AILABLE PRIOR TO MMPLETION OF CAUSE DEATH?
ETED BY PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC/ EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no detarmine 4 Homicide Check only 1 CERTIFYINO P	HOSPITAL: Impattent 2 2 2 2 2 2 2 2 2 2	ER/Outpetient 3 DOA INJURY 28b. Til IN INJURY At home, farm, itc. (Specify) my knowledge, death occur	OTHER: 4 Nursing ME OF 28 IJURY M : street, factory,	26. PLACE OF DEATH (I) Home 5 Residence. INJURY AT WORK? I YES 2 NO, office	28d. DESCRIBE 281. LOCATION City or Town	PERFORMED? YES 2 NO Sifty) NOW INJURY OCCI (Street and Number of n, State)	AMACOCO OFFI	AILABLE PRIOR TO MMPLETION OF CAUSE DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC/ EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no detarmine 4 Homicide Check only 1 CERTIFYINO P	HOSPITAL: Impattent 2 2 2 2 2 2 2 2 2 2	ER/Outpetient 3 DOA INJURY 28b. Ti INJURY At home, ferm, itc. (Specify)	OTHER: 4 Nursing ME OF 28 IJURY M : street, factory,	26. PLACE OF DEATH (I) Home 5 Residence. INJURY AT WORK? I YES 2 NO, office	28d. DESCRIBE 281. LOCATION City or Town	PERFORMED? YES 2 NO Sifty) NOW INJURY OCCI (Street and Number of n, State)	AMACOCO OFFI	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC/ EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no detarmine 4 Homicide Check only 1 CERTIFYINO P	HOSPITAL: 1 inpetient 2 inpeti	ER/Outpetient 3 DOA INJURY 28b. Til IN INJURY At home, farm, itc. (Specify) my knowledge, death occur	OTHER: 4 Nursing ME OF 28 IJURY M : street, factory,	26. PLACE OF DEATH (I) Home 5 Residence. INJURY AT WORK? I YES 2 NO, office	28d. DESCRIBE 28d. DESCRIBE 28f. LOCATION City or Town use to the cause(a) one time, data and p	PERFORMED? YES 2 NO If NOW INJURY OCCI (Street and Number of , State) and manner as state- lacs, and due to the	URED URED d.	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr, Jonathan K. Fears M.D., 120 Hospital Rd. Prince Frederick Maryland 20678

31. DATE FILED (Month, Day, Year) AUG - 9 1999

2

32. REGISTRAR'S SIGNATURE relia Davidson-Randell

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1. DECEDENT'S NAME (First, Middle, ROGER MILTON		4				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
						AUGUST 3	, 199	3	00:05
4. SOCIAL SECURITY NUMBER 212-24-4254	5. SEX 17 M 2 F	6. AGE (in yrs. ia:	si birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	
9a. FACILITY NAME (If not Institution,	- 11	78	rna.	Sh CITY TOWN	OR LOCATION OF D	Jan. 27,		JNTY OF D	Maryland
CALVERT MEMOR	RIAL HOSPIT	PAL			E FREDER			VERT	
	COUNTY	-	10c. CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY LIMITS?
Maryland	Calvert		Pr	ince Fr	ederick				1 YES 2 X NO
10e. STREET AND NUMBER					101. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
5125 Macs Ho	ollow Rd.				20678			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	THE EVER IN U.S. AF 1 YES 2 WAR OR DATES	RMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Spec	NIC ORIGIN? (Specify ean, Puerto Rican, etc.)	Yee or No-	Blac	E — American Indian, ik, White, etc. offy: Black
15. DECEDENT' (Specify only highes		16a, DI	ECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF I	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or !	5+)	o. Do NOT u		Zill-Comit				
б		7	Fruck	driver					
17. FATHER'S NAME (First, Middle, La Milton	wille	o t t			18. МОТНЕЯ'S N	AME (First, Middle, Maid	len Sumame)	TY-	
19e. INFORMANT'S NAME (Type/Print								_	son
Georgia Willet					11ow Rd.	Prince			, MD 2067
20e. METHOD OF DISPOSITION				OF DISPOSITION/			LOCATION -		
1 X Buriel 2 Cremetton 3 4 Donation 8 Other (Specify		cametery, cri	ematory or	other plece)	Cem. 08/0	17/02 Da		-	erick, MD
21. SIGNATURE OF FUNERAL SERV		Journe) T T W	22. NAME	AND ADDRESS OF F	ACILITY Sewell	Funo	rred	Uerre, MD
0.	00	0.0		1451	Dares Res	ach Rd. Pr	fune	Frod	mome
Spencer	C. sen	بعالا							· 9 **** 200/
ahock, or heart far iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	flure. List only one co	ause on each line	nc	Coule	node of dying, su	ch as cerdiac or reculer A	spiratory a	rrest,	Approximate Interval Bety
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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pros. hours after death with the State Dect. of Health and Mental Hogiene prior to burial, cremation, or removal.	
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examiner must be notified at once. medical 9 event, traumatic 6 In uny any this certificate has been signed with the State Dept. of Health shows HOSPITAL OR ATTENDING PHYSICIAN: The law requires Item 23 6 marked, DIRECTOR: After the hours after death w 60 28 Item FUNERAL I IMPORTANT: II THE 223

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Henry Eddie Williams 08 04 93 7:45 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYE 228-20-1171 M 2 F 69 YRS. 05-30-1924 Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Hartley Hall Nursing Home City Pocomoke Worcester RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY OMETSE OVE 1 TES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 218 Box II OmedSE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 XNO Specify: BY Specify: BLACK 3 Widowed 4 Divorced B 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life, Do NOT usp retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) aboveR Ount 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Un KNOWN BE INFORMANT'S NAME (Type/Print) 196. MAJLING ADDRESS.(SI Town, State, Zip Code: 2 mD METHOD OF DISPOSITION 286. PLACE AND DATE OF DISPOSITION IN 819193 m 5 C Other (Specify) ames emotaly 21. SIGNATURE OF FUNERAL SERVICE LICE tundal He 30639 Hampden 100 MD2185 23. PARG I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heeft fellure. Liet only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition resulting in death) acheria the Prostate enoma CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 1 NO 1 YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 M Natural 5 Pending 1 YES 2 NO 8 Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beete of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 286. SHUNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D-29505 2 39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Gregorio Belloso, 201 Hall Hwy. Crisfield, Md. M.D. 31. DATE FILED (Morith, Day, Year) AUG 1 0 32. REGISTRAR'S SIGNATURE whie Devidson-Randelle '93

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Julia Dally 200 House

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31. DATE FILED (Mo

	FOR	CTATE OF MADV	AND / DEDA						93	24362
	1 - STATE REGISTRAR	STATE OF MARYI	CERTIF					YGIENE EG. NO.		
		NAURICE	Willi,	AM.	5		2. DATE OF D	DAY	YEAR 993	3. TIME OF DEATH 626 PM
	4. SOCIAL SECURITY NUMBER 219-32-3389	18 M 2 🗆 F	(In yrs. lest birthday) 56 YRS.	IF UNDI MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 5-2.		8. BIRT Cour	THPLACE (State or Foreign ntry) MD
TOR	9a. FACILITY NAME (If not Institution, give st Memorial Hospi RESIDENCE OF DECEDENT	,	ton		ry, town on Easto	LOCATION OF DI	EATH		Calbo	
DIRECTOR	10a. STATE 10b. COUNTY	ueen Anne	10c. Cr		on Location	111				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 301 Riverside Dr.	ive			10f. 2	21619-2	314	10g.	CITIZEN OF	WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? (XXYES IF YES, GIVE WAR OR D ALTFORCE	2 NO	13	If yes, spec	IDENT OF HISPAI Ify Cuban, Mexica NO Specifi	NIC ORIGIN? (Sp in, Puerto Ricen,		Bla	CE — American Indian, ck, White, etc.
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10	19a. INFORMANT'S NAME (Type/Print) mary O. Williams					Number or Rural i				
	11 BurMETHOD OF DISPOSITION 11 Burles 2 Cremation 3 Remo		D. PLACE AND DATE			Drive-		20c. LOCATION		
	4 Donetion 5 Other (Specify)	M	D'aNatario				7-17	Laure	1, MD)
	21. SKIHATUME OF FUNERAL SERVICE LIC	Fooles		9	17 W.	Isabel	la St-F	oks Fun	eral ox 15	Service 74 Salisbur
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	omplications that cause	d the death. Do	not ente	er the mode	of dying, suc	h as cardiac c	or respiretory	arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	prea	mor	ViA					Onset and Death 3-Yolnys
NOI	Sequentially list conditions,	Cerebrous.	CONSEQUENCE	ela	AT	& Pors	(mist	SAIN		4 days
ICAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	ARTERIOS	clerot	c c	MOIS	VASCL	ur o	seise	7	GEATS
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):						
	PART ii. Other significant conditions	contributing to death i	out not resulting	in the u	inderlying (ause given in	Part i. 24a.	WAS AN AUTOPS PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA								YES 2 NO	- 30	COMPLETION OF CAUSE OF DEATH?
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IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLAC	E OF DEATH (Ch	ack only one)			
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL:	patient 3 DOA	OTHE 4 Nu		5 🗆 Residence	8 Other (Spec	clfy)		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. Tili IN.	IE OF JURY M	28c. INJUR WORK 1 YES	Y AT C7 S 2 NO	28d. DESCRIBE	E HOW INJURY	OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, atc. (Spe	' — At home, ferm, city)	street, fac	ctory, office		28f. LOCATION City or Tow	(Street and Num rn, State)	ber or Rural	Route Number,
COMPLETED		IAN: To the best of my know 3: On the besis of examination								(s) and menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				2	9c. LICENSE NUN		29d. C	ATE SIGNE	O (Month, Day, Year)
0	"muhall fr	COMPLETED CAUSE OF OR				D 319	164		1/12	193

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Julia Davidson Randess

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAI	RTMENT OF	HEALTH AND	MENTAL HYGIEN		24363
	1. DECEDENT'S NAME (First, Middle, Last)		1.	11.11.		2. DATE OF DEATH MON3H, DA		3. TIME OF DEATH
9	Miriam Elizat		ν	VIKI	son	July 1º	7 /99:	3 7:36 PM
			rs. last birthday) VRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign ountry)
	219-14-4648 9a. FACILITY NAME (If not institution, give street	M 2 X F 68	3 THS.	at OUTH TOU	N OR LOCATION OF D	Jan. 23,		/irginia
E	PENINSULA REGIONAL		TER		ISBURY	EATH	9c. COUNTY O	
5	RESIDENCE OF DECEDENT			0111	TOBORT		WICOM	100
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	Md. Wicom:	ico	Sa	lisbur	L			1 TES 2 TO NO
FUNERAL	Rt 6 Box 57				2 180 1		USA	OF WHAT COUNTRY?
NO.		. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS I		NIC ORIGIN? (Specify Yes		ACE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES :	≥ X NO	If yes,	specify Cuben, Mexico	en, Puerto Ricen, atc.)		llack, White, etc.
D BY	3½ Widowed 4 □ Divorced					<u> </u>		White
TED	15. DECEDENT'S EDUCATI (Specify only highest grade com	apleted)	(Give kind of	USUAL OCCUP work done during se retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
PLE	Elementary/Secondary (0-12) C	college (1-4 or 5 +)	Seamtr			Shirt B	ractory	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ocume:		18. MOTHER'S NA	AME (First, Middle, Malden		
BE C	William Henry Wa	ashington Gil	obs		Virgin	ia Mae Morg	gan	
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Rodiguez Wilkinson					lisbury, Ma		
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremellon 3 Removal	Irom State 20b. PL.	ACE AND DATE	of disposition other pleca) 7 Crema	(Name of		CATION — City o	
	4 Donation 5 Other (Specify)	Sa.	lisbury		AND ADDRESS OF FA		lisbury	, Maryland
	The M. Klo	Lo. ver		Hol	loway Fune	eral Home	shura N	Maryland 2180
	23/ PART I. Enter the diseases, or com	plications that caused th	a daath. Do	not antar tha	moda of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximate
	ahock, or heart failure. List IMMEDIATE CAUSE (Final	only one cayine on each	lina.					intarvai Between Onset and Death
	disease or condition	Acute	Mil	ocour	tal I	ntava	Tion	30 min
		DUE TO (OR AS A CO	NSEQUENCE O	F): / ~	n	in find		
NO N	Sequantially list conditions, b	DUE TO (OR AS A CO	INSFOUENCE O	Ar/	my 1	serise		gens
CAT	if any, leading to immediata cause. Entar UNDERLYING	,	7					i '
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE O	F):				
CERTIFICATION	reaulting in death) LAST							
AL C	PART II. Other aignificant conditions co	ontributing to death but	not resulting	in the underly	ring cause given in			24b. WERE AUTOPSY FINDINGS
						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
PHYSICIAN: MEDIC								
20		OSPITAL:		OTHER:	PLACE OF OEATH (Ch	reck only one)		
H	27. MANNER OF DEATH	Impatient 2 ☐ ER/Outpatie	nt 3 🗆 DOA		ome 5 Residence	8 Other (Specify) 28d. OEŞCRIBE HOW II	N HIRY OCCUPED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, lerm,	street, factory, o	ffice	281, LOCATION (Street a City or Town, State)	and Number of Rui	rai Route Number,
COMPLETED	4 Homicide determined					Only or lown, scale)		
MPL	29e. CERTIFIER (Check only one)							
00	2 MEDICAL EXAMINER: O	n the beele of examination en	d/or investigation	on, in my opinior	n, death occured at the	lime, date end place, en	d due to the caus	se(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NUI	- 0 -	29d. OATE SIGN	NED (Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MAN ETED CALLED OF DEATH	#TEN 07 /7	0.1.11	1 1) 36	783	1	11+193

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	HOSE	FUNE	TANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built will be detached for the built will b	be men within 72 hours after death with the State Dept. Or regall and well at hyberts provide unitarity, or remarked, or stem 28 is marked, or stem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	_	- 4	-

										9	3	24364	
	FOR 1 - STATE REGISTRAR	STATE OF I				T OF HE			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				IOA.	<u> </u>			2. DATE OF DEATH			3. TIME OF DEATH	-
1	Matthew Monr	coe Wind	lenr						MONTH	AY 5	YEAR	12390	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		-	F UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign	
	218-20-2522	1 💢 M 2 🗌 F	65	YRS.	MONTHS	DAYS H	IOURS	MINN.	(Month, Day, Year) 05-10-2		Country	vland	
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN OR	LOCATIO	N OF DE		9c. COUN			_
O. H	Dorchester Ger	neral Ho	spital		C	ambri	dge	9		Dor	che	ster	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT									1 201			
DIRECTOR		•				OR LOCATION						10d. INSIDE CITY LIMITS?	
	Maryland Dor	chester		L.	am b	ridge						1 TES 2 NO	
FUNERAL			_			101. 2	IP CODE					HAT COUNTRY?	
빌	5423 Bonnie Bro	ok Road	T EVER IN U.S. AR				216		solia.		S.A		
	1 Never Married 2 Narried	FORCES? 1	YES 2 1	NO	13	If yes, speci	ly Cuber	ı, Mexica	IC ORIGIN? (Specify Ven, Puerto Rican, etc.)	s or No-	14. RACE Black,	— American Indian, White, etc.	
à	3 Widowed 4 Divorced	WW TT	AR OR DATES			1 YES 2	X NO	Specify			Specify		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL (OCCUPATION			16b. KIND OF BU	SINESS/INDU	ISTRY	White	_
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	- Alfa	ive kind of . Do NOT u	work done se retired.,	during most o	of working	9					
19	12		Gro	rer	v S	tore	Wor	ker	Retai	1 Bu	sin	ess	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			979					ME (First, Middle, Maiden	Sumame)			
BE	Matthew M. V	lindsor					F	Rena	Kinnamo	n			
6	19a. INFORMANT'S NAME (Type/Print)		191						loute Number, City or Tox		/		
	Dorothy G. V	lindsor		542	3 B	onnie	Br	ook	Rd., Ca	ambri	dge	, MD 216)13
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Crimation 3 ☐ Rem	oval from State	20b. PLACE / cemetery, cre			SITION (Name	of		1	CATION — C		-	
	4 Donation 6 Q Other (Specify) 21. SIGNATURE OF PLINERAL SERVICE LIC			w M		MD C	eme	ter	8/11 E.	New	Mkt	., MD	
ш	At sidestone of Punchal Service Cit	EMBEE											
	JANY K	mo				inoma 700 L	OCL	une	eral Home	e brid	ge.	MD 2161	13
	23. PART I. Enfer the diseases, preshock, or heart fellure.	complications the	t caused the de	ath. Do	not ente	r the mode	of dyli	ng, such	as cardiac or resp	iratory arre	st,	Approximate	
	IMMEDIATE CAUSE (Finel	Walley Helps			,	, ,						Onset and Dea	
	disease or condition resulting in death)	.00	CO 4 62	, /	Cyl	- 1	>0	0410	diel I	2 favo	tro	40 min	
		OUE TO	(OR AS A CONSE	QUENCE O	F):			_	diel I				
N	Sequentially list conditions,	a Coros	rgry	Ar	ter	7 D	16	12/2				years	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS CONSE	QUENCE O	F): a								
임	CAUSE (Disease or Injury	c	(DR AS A CONSE	DUENCE O	n.							-	
	that initiated events resulting in death) LAST		(DIT NO IN CONSE	aobioe o	7:							İ	
B		d										1	
AL.	PART II. Other significant condition	e contributing to	deeth but not r	reculting	In the u	inderlying c	euse g	iven in	Part I. 24a. WAS AN			WERE AUTOPSY FINDING	GS
MEDICAL	Diabetes 1	ellitus							1 _ YES			COMPLETION OF CAUSE OF DEATH?	:
뿔										,		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		E OF DE	ATH (Che	ick only one)				
YSI	1 TYES 2 NO	1 - Inpatient 2 5		□ DOA			5 🗆 Ret	sidence	8 Other (Specify)				
ᇤ	27. MANNER OF DEATH 1 No Natural 5 Pending	28s. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJUR WORK	7	_	28d. DESCRIBE NOW	NJURY OCC	JRED		
À	2 Accident Investigation				М	1 YES	2 _	NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28s, PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm,	street, fac	ctory, office			281. LOCATION (Street City or Town, State	and Number o	r Runal Ro	ute Number,	
<u> </u>	29a. CERTIFIER				_								
COMPLET	(Check only												
8	one) 2 MEDICAL EXAMINE		ARRESTOR SING/OF	irwestigatio	n, in my	opinion, dest	n occur	ed at the	time, date and place, as	d due to the	cause(e)	and manner as stated,	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	1	1.	1	0	2	9c. LICE	NSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)	
2	TO NAME AND ADDRESS OF PERSON WA	and the	IS OF DEATH OF	/ 4	1)	4	0-	18	207		0/	1/1/	

32. REGISTRAR'S SIGNATURE
Gruin Davidson-Randall

'93

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Prior in manned by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral directions are a mould be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plus is new the mospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) BUN DAN	Joo BUN 1	DAN YOO			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH 0835 A M
1	4. SOCIAL SECURITY NUMBER 605-05-8316 99. FACILITY NAME (If not institution, give s	1 □ M 2 🙊 F	69 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT 25,	8. BIRT Coun 1923 K	HPLACE (State or Foreign by)
TOR	WASHINGTON AD				R LOCATION OF DI OMA PARK		MONTGO	
DIRECTOR	10e. STATE 10b. COUNT	Y NTGOMERY	10c. CITY, TO	STLV	ON ER SPRIN	IG.		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER	TY BLVD. E. 7	#406	-	ZIP CODE 20901		10g. CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	If yes, spe	NDENT OF HISPAN	NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	n or No — 14. RAC	E — Americen Indien, ik, White, elc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mos ired.)	t of working		JSINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) HYUNG SUP	YOO	POLIC	E OFFIC		ME (First, Middle, Maide	EAN POLIC Sumeme) EE	E DEPT.
TO BE	190. INFORMANT'S NAME (Type/Print) SUN MI AHN		196. MAILING ADI			Route Number, City or To		817
	20a, METHOD OF DISPOSITION 1 Burlel 2 \(\subseteq \text{Cremetion 3 } \subseteq \text{Rem} \) 4 \(\subseteq \text{Donation 8 } \subseteq \text{Other (Specify)} \)	oval from State cem	PLACE AND DATE OF DE	SPOSITION (Non REMATOR	ne of RY 8	1 1	CATION — City or TO RIVERDALE	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ense Cambuséa	Z m00091		CHAMBER	SARI	STLVER	20910 SPRING, MD.
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused List only one cause on ea	the deeth. Do not o	enter the mod	e of dying, such	h as cerdiec or reap	Diratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	LIR	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	5605 lo (=5	7			mans 3 years
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	s contributing to death but	ut not reaulting in th	e underlying	ceuse given in		RMED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:		HER:	CE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR	RY AT	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street	, factory, office		281. LOCATION (Street City or Town, Stets	end Number or Rural I)	Route Number,
COMPLETED		CIAN: To the best of my knowledge. R: On the beste of exemination						i) end manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIEF	16 les Muc	67		29c. LICENSE NUN	0921	29d. DATE STATE	1/95
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEA	1104	L SP	Ving St	L, 521	us spr	ing , 40 9/0
	AUG 0 2 1993	32. FIGISTRATO SIGNA	or fandelle					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR		D / DEPARTMENT OF HI CERTIFICATE OF		AL HYGIENE REG. NO.	93 24366
1. DECEDENT'S NAME (First, A			2. DAT	E OF DEATH TH DAY	3. TIME OF DEATH
LORE			08		93 1240 PM
218-20-3	5. SEX 6. AGE (In yrs	s. last birthday) IF UHDER 1 YEAR YRS. MONTHS DAYS		of BIRTH th, Day, Year) 1-25-26	Country)
Water Vie	W Health Care	MYER Sali	SOURY	Pc. COUNT	COMICO
10a. STATE	DORCHESTER	10c. CITY, TOWN OR LOCATE	on de o		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		10f.	ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?
	1050N Road		2161	3 2	1. S. A.
11. MARITAL STATUS 1 Never Married 2 N N 3 Widowed 4 Divorce	IF YES, GIVE WAR OR DATES	NO If yes, spe	ENDENT OF HISPANIC ORIGICALLY Cuben, Mexican, Puerto 2 NO Specify:		4. RACE — American Indian, Black, White, etc. Specify C
15. DECE (Specify only in Elementary/Secondery (0-1	ighest grade completed)	e. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mos life. Do NOT use retired.)	N 16 of working	b. KIND OF BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Mid	fle, Last)	ĭ	16. MOTHER'S NAME (First	Middle, Maiden Surname)	
otis	PINGER	I	Sakal	Dem	by
19a. INFORMANT'S NAME (Typ.	M R. DINder	19b. MAILINO ADDRESS (Street as	AL RANGE	- Canhar	idae MD
20e METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 Donation 5 Other (S	N 20b. PL	ACE OF DISPOSITION (Name of comper place)	etery, cremetory or	20c. LOCATION — CI	ity or Turn, State
21. SIGNATURE OF FUNERAL		22. NAME AN	D ADDRESS OF FACILITY	Jeral H	ome MI
immediate Cause (Final disease or condition resulting in death)	F-Bpiegh	Eug Feifne			interval Between Onset and Deat
Sequentially list condition if any, leading to immed ceuse. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in deeth) LAST	ate G		Κ		
PART II. Other significan	Conditions contributing to death but of		cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	20 91	ACE OF OEATH (Check only		
EXAMINER?	HOSPITAL:	OTHER:	5 Residence 6 Ott		
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	JRY AT 28d, D	ESCRIBE HOW INJURY OCCU	JRED
Natural 5 P	ending vestigation		ES 2 NO		
	ould not be building, atc. (Specify)	At home, farm, street, factory, office		CATION (Street and Number of ry or Town, State)	or Rural Route Number,
CONSUM ONLY	TYING PHYSICIAN: To the best of my knowledg				
29b. SIGNATURE AND TITLE			29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)
mary (P. M.D		D32014	▶ 8	15/93
M.MOOND		(ITEM 27) (Type, Print) EPSIDE Prive	Salisher	ry MD 2	1801
31. DATE FILED (Month, Day, Y	93 32. REGISTRAR'S SIGNATU	Ison-Randell		Ū	

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedistrian		CENTIFI	CALL	PUEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) DENISE AS	BEIL				2. DATE OF DEATH MONTH	"18 5	3. TIME OF DEATH
	10 10 00 10	SEX 6. AGE (In yr	s. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	G R	ETHPLACE GOOD & FOR ON INC
TOR	POT ACUTE ALDS RESIDENCE OF DECEDENT	Usit - FKM		BALTI	NOR LOCATION OF DI		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	***	10c. CITY, BAL	TIMOR	E E			10d, INSIDE CITY LIMITS? 1/2 YES 2 NO
VERAL	3436 MONDAWMIN A	VENUE			21216		109. CITIZEN UN I TE	OF WHAT COUNTRY? D STATES
BY FUN	11. MARITAL STATUS A Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	K) No	13. WAS D	ECENDENT OF HISPAN specify Cuban, Mexica ES 2/ NO Specifi	HIC ORIGIN? (Specify Yearin, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: B L, A C K
COMPLETED	15, DECEDENT'S EDUCATION (Specify anily highest grade composition) Elementary/Secondary (0-12) 12 TH	ON 164 oleted) 164 ollege (1-4 or 5 +)	I. DECEDENT'S U (Give kind of wo life, Do NOT use DISA	ork done during i	FION most of working	16b. KIND OF BUS	SINESS/INDUSTI	ΨY
ш	17. FATHER'S NAME (First, Middle, Leat) WILLIAM E. ASB	ELL	-			ME (First, Middle, Meiden N D . BASS		
TO B	194. INFORMANT'S NAME (TVOOPPH**) HELEN ASBELL		3436	MONDA	WMIN AV	ENUE, BAL	State, Zip Gode	21216
	20a. METHOD OF DISPOSITION X Suriel 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State 20b.PL/	CEAND DATE OF	Proping ME	Name of TERY		CATION — City (
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Sen			C. MAR		.01 E.	NORTH AVE.
TION	Sequentially flat conditions, if any, leading to immediate	Only one cause on eech	MUN (CONSEQUENCE OF)	lefice			ratory arrest,	Approximete interval Between Onset and Death 3 yrs
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A COR	NSEQUENCE OF):					
MEDICAL	PART II. Other significent conditions co	ntributing to deeth but n	not resulting in	the underly	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:		SPITAL:		OTHER:	PLACE OF DEATH (Ch			
BY PHY	27. MANNER OF DEATH V Netural 5 Pending 2 Accident Investigation	26e. QATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. III	HURY AT YORK?	6 ☐ Other (Specify) 28d. OEŞCRIBE HOW II	JURY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, str	reet, factory, off	Ice	261. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSICIAN. 2 MEDICAL EXAMINER: Or							se(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	du			29c. LICENSE NUM	IBER		NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH OF THE STAND TO	(ITEM 27) (Type, F	onine)	Hon	ital IIR		
5	31. DATE FAEG (ANNIA) DON 10-1993	AT THE CUSTOM STATES HATY	andelle	13	/	, ,	- 3 -4	

ed by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

uld be detached for use as the burial-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hos

24368 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH

NANCY Cath	erine	AYI	ERS					08	T8	199	3	4:29 PM
4. SOCIAL SECURITY NUMBER 213⇔62⇔9178	5. SEX	6. AGE (In yrs. las	of birthday) YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF (Month, Di 9 48 8	w. Year)		BIRTHPL Country) Mary	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give a	street and number)			9h CITY	TOWN OR	LOCATI	ON OF DE		1755	9c. COUNTY		
FRANCIS SCOTT	SPITAL.		BALTIMORE CITY					DE COUNTY OF DEATH				
RESIDENCE OF DECEDENT	DITIME	0117										
Maruland Baltimore			10c. CIT	Y, TOWN O	R LOCATIO	ON C	unda	alk	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 □ XH			LIMITS?
10e. STREET AND NUMBER				101. 2	ZIP CODI	E			10g. CITIZEI	OF WHA	T COUNTRY?	
3102 Four Season	Apt C3					212	777				d States	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	WAS DECEI	NDENT C			pecify Yes		-	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X 1	2 X NO If yes,			DECENDENT OF HISPANIC ORIGIN? (apocity Cuban, Maxican, Puerto Ric (ES 2 (X) X(O Specify:			IN? (Specify Yes or No— Pilcan, stc.) 14. RACE — A Black, Whit Specify:		White	
15. DECEDENT'S EDU (Specify only highest grade		16a, DE	CEDENT'S	USUAL OC	CUPATION	V and asserted		16b. KII	OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	work done di se retired.)	unny most	Or WORK	ng .					
11th Grade			Dis	able	1							
17. FATHER'S NAME (First, Middle, Last)					_	18. MOTI	HER'S NA	ME (First, Midd	le. Maiden	Sumame)	_	
Tarria Hukkan								Gallo		,		
Jessie Mutrau 19a, INFORMANT'S NAME (Type/Print)		140	b. 84 A (1 1940)	ACCREC	(Characterist			Route Number,		A	43	
		199	711	? (III)	P CHIL	Suh	in o 1	Rd 210	d FD	Dund	alb	MD 21222
Barbara H. Murro	xy	_				_	crig					
20a. METHOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Competery, cre	AND DATE	of disposi	tion(Nam	e of	8/2	1/93	20c. LO	cation — city altimo	re,	Maryland
21. SIGNATURE OF FUHERAL SERVICE LI	CEMBER /	0.6	/	²² 0	uda⇔	Ruck	ss of Fa	neral e. Du	Home ndall	of Du k, Mar	ndal ylan	k, Inc. d 21222
shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Interval Betwee Onset and Death Disease Onset and Death Disea										Onset and Death		
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	d											
PART II. Other algoriticant condition Chranic Coffit	Failw	_	in the und	darlying	Cause (given in		PERFOR	MED?	CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO EMPLETION DF CAUSE DEATH? YES 2 NO	
/												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only							eck only one)				
1 YES 2 NO												
27. MANNER OF DEATH	26a. DATE OF		26b. TIN	E OF	28c. INJUI	RY AT		28d. DESCRI	BE HOW II	NJURY OCCUP	RED	
1 Netural 5 Pending	tunnatural TES 2 NO											
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY — At he etc. (Specify)	ome, ferm,	street, facto	ory, office	T			ON (Street a own, State)	and Number or	Rural Rout	e Number,
29a. CERTIFIER 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of a										ause(a) ar	nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R A A	0				29c. LICI	ENSE NUI	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WE	V, Cl	inte m	>	8.1.11		0.0	C.M.	. E		▶ 08-	-19-	1993

30. NAME AND ADDRESS OF PERSON WHO

31. DATE FILE (MONG DZ NOV 1993

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 2120

A

32 AEGISTRAD'S SIGNATURE

NDR

31. DATE FILED (Morith, Day, Year) AUG 2 0 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician	hours after death, Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-framet permit Pages 1, 2, 3 should the set have the burial-framet permit Pages 1, 2, 3 should be detached for use as the burial-framet permit Pages 1, 2, 3 should be detached by the arth and Merial Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ANDERSON 45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 382-26-3018 91 1 🗌 M 2 🔀 F Oct 25, 1901 Virginia 9e. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MARYLAND DECEDENT DIRECTOR PRINCE HOSPITAL GEORGES 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges Camp Springs 1 YES 2 | NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7616 Karen Anne Drive 20748 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY 1 NO YES 2 □ NO Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Robert Lee James Mattie E. Elt BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS 7216 KAREN ANNE DR. City or Town, State, Zip Code)
7616 Karen Anne Dr., Camp Springs, MD Eugene Anderson 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Ridge Cemetery Buchanan, MI 21. SIGNATURE OF FUNERAL SERVICE LIGHNSES 22. NAME AND ADDRESS OF FACILITY Ives Pearson Funeral Homes 2847 Wilson Blvd Arlington Va 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Dilated resulting in death) DUE TO (OR AS A CONSEQUENCE OF) blicema CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 8/13/93 5 Pending Investigation 1 Natural 8.45pm BY 1 YES 2 NO 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee atteted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 8/14/93 902 Cunter 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9131 Piscataway Rd #710 Clinton MD 20735

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	FOR STATE REGISTE
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	9s. FACILITY N
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	26 3
	11. MARITAL ST
	2 Widowed

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF M	ARTLAND /	RTIF	ICAT	OF H	DEAT	AND I	MENTA	REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	DEA			OF DEATH	v I		3. TIME OF DEATH
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			8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER			OF BIRTH	Т	8. BIRTH	PLACE (State or Foreign
	= 11 10 0011	⊠ M 2 □ F	44	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC	. 13, 19	48	WASH	HINGTON, DC
~	9s. FACILITY NAME (If not institution, give street			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DE	EATH '	
5	26 SOUTH PAULA	A STREE	T		MARYLAND CITY ANNE ARUNDEL								RUNDEL
DIRECTOR	10e, STATE 10b, COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION 10d INSIDE							10d. INSIDE CITY		
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AL	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITIZEN OF WHAT				
빌	26 S. PAULA Str	eet					2	0724				US	SA
FUNERAL	11. MARITAL STATUS 1 XX Never Married 2 Merried	2. WAS DECEDENT FORCES? 1	EVER IN U.S. ABN	AED	13.	WAS DECI	ENDENT O	F HISPAN	IIC ORIGIN	i? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA				YES	2 NO	Specify	:	rican, etc.)		Specif	y:
	15. DECEDENT'S EDUCAT		18e. DEC	EDENT'S	USUAL O	CCUPATIO	M		161	. KIND OF BUS	INTES (IND)	10.7004	WHITE
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실	12		В	INDE	2				IM	AGE GR	APHIC	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, I	Widdle, Malden	Sumeme)		
BE	CARROLL J. BILBRE	EY								DAVIS			
2	190. INFORMANT'S NAME (Type/Print)) In								ber, City or Town			
	MRS. JO ANN STEWAR	(1			-	_		, MA		SBURG,			
	A Buriel 2 Cremation 3 Remova	I from State	cemetery, crem PLEASA	nd oate o	her place)	ME'M	ne of	nn c	DATI	20c. LO	CATION — C	Hty or Tov	vn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	7	TAT			D ADDRES			1/ MA	XIINO	DUKG	, wv
	- Charles M	1 /	own)	BE					E, 327			
	23. PART I. Entar the diseeses, or con	nplications that	aused the dea	th. Do n	ot anter	the mod	ia of dvi	na. such	MAKI.	INSBUR	ratory arre	Z 54	Approximate
	shock, or heart fallura. Lis	t only one cause	on aach line.				/	3,					interval Between
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE												
			R AS A CONSEQU			U							
NO.	Sequentially list conditions,												
AT	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate couse. Enter UNDERLYING												
띮	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												1
	PART II. Other significant conditions of	ontributing to di	eath but not re-	euiting i	n the un	deciving			Don't I			T	
ICAL	and against ordered	onthiboting to di	adii but iiot je:	suiting i	ii the un	derrying	ceuse g	iven in i	Part I.	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED			<u></u>						-	1 YES 2	□ NO		OF DEATH?
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PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	ACE OF DE	ATH (Che	ck only on	e)		1	
Sign	4 🖂 1980 - 4 🖂 198	OSPITAL:	R/Outpetient 3	DOA	OTHER		5 X Res	idence	8 🗆 Other	(Specify)			
E	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIMI		28c. INJU WOF	IRY AT		28d. DE\$	CRIBE HOW IN	JURY OCCI	JRED	
₽	1) Netural 5 Pending 2 Accident Investigation			- 00	М	1 🗌 Y	ES 2 🗌	NO					
100	3 Suicide 8 Could not be determined	e, ferm, s	treet, fecto	ory, office			28f. LOCA City of	ATION (Street as or Town, State)	nd Number o	r Aural Ac	oute Number,		
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出	286 RIGHATURE AND TITLE OF CENTIFIER	No C	Da /				29c. LICEI		BER 1.E.				Month, Day, Year) /1993
2	66. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CARRY	OF DEATH (ITEM	27) (Tune	Print)		0.	. C . I	т. Е.		- 00	7 00	/ 1333
	MARIO F. GOLLE	0				eet	, Ba	alti	imor	e, Ma	rvla	ind	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE				,			-, 110	-1-0		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6:40 Homer Rowers 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BURTH HOURS 1 M 2 F 219-03-3483 YRS 09 11 MARYLAND use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? APT. 505 3838 ROLAND AVENUE 21211 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yan or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Puarto Rican, IF YES, GIVE WAR OR DATES 1 YES 2 NO BY Specify. Specify. 3XXWidowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Por College (1-4 or 5+) 12TH detached SECURITY GUARD GIANT FOOD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the funeral director, page 5 should be EDWARDS BOWERS HELEN M. PHELPS notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 2 DAVID L. BOWERS 1301 WOODRIDGE LANE, SYKESVILLE, MARYLAND 21784 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town. State must GREEN MOUNT CEMETERY 8/23/93 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 21211 a 3818 ROLAND AVENUE. BALTIMORE MARYLAND medical 23. PART I. Enter the diseases, or complications that coused/the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or haart fallure. List only one cause on each line. 20 intarvai Between Onset and Death IMMEDIATE CAUSE (Final signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, event, the disease or condition resulting in death) 10 DAYS WMONIA DUE TO (OR AS A CONSEQUENCE OF): CARCINOMA OF THE LUNG AMONS traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** shows any COMPLETION OF CAUSE 1 | YES 2 NO 1 | YES 2 | NO has been of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) certificate h HOSPITAL:
1' | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO e 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY with t marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 69 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 ltem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D' be filed within 72 ho IMPORTANT; It IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 206 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 14176435 AT 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STENS 29

32. REDISTRAR'S SIGNATURE
Filia Davidson-Rande

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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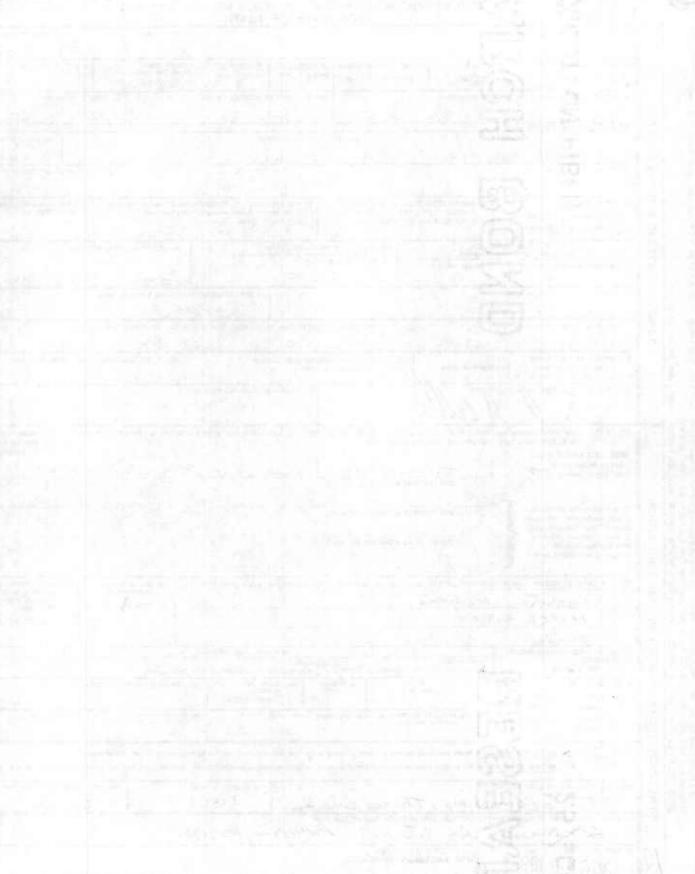
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		7211	THE TOATE	OI DEATI	'	HEG. NO	·			
		1				2	DATE OF DEATH DATE OF	AY	YEAR 3. TIME OF DEATH		
1	Ruby E. B.	1995					08 18	3	73 10:45 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birt				DATE OF BIRTH	T	8. BIRTHPLACE (State or Foreign Country)		
	225-64-9192	92 1 M 2 X F 46 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 08/09/47									
1 9	9a. FACILITY NAME (If not institution, give s			9h CITY	b. CITY, TOWN OR LOCATION OF DEATH						
00			E . 1 . 1					10 1000			
2	University of Maryland Hospital Baltimore, Maryland Balti								timere City		
DIRECTOR	10a. STATE 10b. COUNT	Y	10	c. CITY, TOWN O	LOCATION		-				
<u>a</u>	m. 0 1 0 01								10d. INSIDE CITY LIMITS?		
	Maryland Balt	imore C	174	Ballfin	rore Cit	4			1 YES 2 NO		
FUNERAL	106. STREET AND NUMBER 107. ZIP COOE 109. CITIZEN OF WHAT COUNTRY?										
直	2502 Eutau	H. "	60		213	117		L	1.5.A		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. APMED	13. V	AS DECENOENT OF	HISPANIC	ORIGIN? (Specify Yes	or No	14. RACE — American Indian, Black, White, atc.		
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		yes, specify Cuban,		Puerto Rican, etc.)				
B	3 Widowed 4 Divorced				_ 120 2 (M) 110	apacity.			Specify: Black		
COMPLETED	15. DECEDENT'S EDU		16a. DECED	ENT'S USUAL OC	CUPATION		16b. KIND OF BUS	SINESS/IND			
161	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	file On I	nd of work done d VOT use retired.)	iring most of working						
4	Contraction y Secondary (0-12)	College (1-4 or 5+	,								
2	17. FATHER'S NAME (First, Middle, Last)					110					
							(First, Middle, Maiden		1		
BE	Charles Brigi	<u> </u>					ete Woo				
P	:40a INFORMANT'S NAME (Type/Print)	a m	19b. MA	ILING ADDRESS	Street and Number of	Aural Boy	te Number, City on Town	n, State, Zip	Code)		
-	vacqueline	D. Me	mck 25	02 8	intar +	1.4	60 BO	Ito.	MD 2/2/7		
	20 METHOD OF DISPOSITION	CT TO: 650	106 PLACE AND	ATEOFDISPOSI	TION (Name of	1			City or Town, State		
	Buriel 2 Cremetion 3 Rem	oval from Stata	ob PLACE AND I	o other place	Cal P	4			allstown ma		
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	1, 1, 1		AME AND ADDRESS			01-01-	- TOTOTOTO, TOC		
		100		m	larch f	T. 7	- West	^			
	Hala	7/10	erch	1	1300	Wa	bash	He	le		
	23. PART I. Enter the diseases, or	complications that	ceused tha death.	Do not enter	he mode of dyling	, auch e	a cardiac or reepi	ratory arr	eat, Approximate		
	snock, or heart fellure.	List only one caus	se on aach line.						intarval Between		
1 1	IMMEDIATE CAUSE (Finel disease or condition	no , 1	l'a D						Onset and Death		
1 1	resulting in death)	a. ITETAST	atic Brea	ut lan	cer				d years		
	_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions,	b									
Ē	If any, leeding to immediate	506 10 (OR AS A CONSEQUEN	CE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
쁜	that initiated events	DUE TO (OR AS A CONSEQUEN	CE OF):							
1	resulting in death) LAST	d									
	DADT II Other elections and date	a		77							
DICAL	PART II. Other eignificant condition	e contributing to	death but not recul	ting in the und	erlying ceuse giv	en in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
임							_ 1 _ YES 2	VÎ NO	COMPLETION OF CAUSE OF DEATH?		
ш								1	1 TES 2 NO		
≥							-				
X	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF OEA	TH /Check	anti anni				
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 🔂 NO	HOSPITAL:	444	OTHER							
<u>≥</u>			ER/Outpatient 3 🗆 D		ng Home 5 🗌 Resid						
표	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF (Month, Da		NURY	8c. INJURY AT WORK?	20	Bd. OEŞCRIBE HOW II	NJURY OCC	UREO		
E I	2 Accident investigation			M	1 YES 2 N	10					
ED	3 Suicide 8 Could not be	28s. PLACE Of building.	INJURY — At home, fitte, (Specify)	arm, street, facto	y, offica	26	BI. LOCATION (Street a	nd Number	or Rural Route Number,		
밑	4 Homicide determined		ita (opcony)				City or Town, State)				
쁘	29a. CERTIFIER										
호	(Check only one)										
COMPLET	2 MEGICAL EXAMINE	R: On the basis of ax	amination and/or inves	igation, in my op	inion, death occured	at the tim	e, data and place, an	d due to the	a cause(a) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENS			29d. DATE	SIGNEO (Month, Day, Year)		
100	Elian Abb	and t	1.0.		DY	323	35	N 8	1.18.93		
유	30. NAME AND AODRESS OF PERSON WH	000		(Type, Print)							
	Λ Λ		Lniv. of n		d H	100	Ralla	mi	2/20/		
1	31. DATE PILED (Month, Day, Year)	20 PECIETY	CONTRACTOR	aryxu	4 HOSPI	iax	Date	- 1110	21201		
3	4000	FALMEGISTRAF	'9 SIGNATURE	- J.							
	AUG 2.0 1993		-								



	Bronza E		<			2. DATE OF MONTH	DEATH	YEAR 3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	1 + 7 BIRTH	8. BIRTHPLACE (State or Fi
	244 12 8601	6 10 M 2 DF		MONTHS DAYS	HOURS MIN.	(Month, D		Country)
	Se. FACILITY NAME (If not institution,	give street and number)	^	96. CITY, TOWN O	OR LOCATION OF DE			North Ca
TOR	AFTER AFTER	el MRDKAL	Center	Anna	POLIS		Ann	e AruneL
DIRECTOR	10a. STATE 10b. CO		\	TOWN OR LOCAT				10d. INSIDE CITY
	10e, STREET AND NUMBER	I so citi	1 X YES 2 THE SEN OF WHAT COUNTRY?					
IERAL		TOP COLP	T		2140	3	log. Ciria	en or what country?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 7 Y IF YES, GIVE WAR O	PRCES? XIX YES 2 NO If yes, a			DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No is, specify Cuban, Maxican, Puarto Rican, etc.) YES 2 NO Specify:		
0	15. DECEDENT'S		16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b, KI	IND OF BUSINESS/IND	WHITE
<u>L</u>	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 8 +)	life. Do NOT use	ork done during mo retired.)	et of working		,	
COMP	12+h	1 year	5	ALRS		3	EAR 120	ETAIL SALS
	17. FATHER'S NAME (First, Middle, Lee Bronsie E. Ba				0		die, Maiden Surname)	
B	19a. INFORMANT'S NAME (Type/Print)	arnes	405 4441 100 4	**************************************			ee Holl	
2	MARTORIE	BARRES	196. MAILING A	1-11-17	~ (City or Town, State, Zip	1.15 0.14
	20a. METNOD OF DISPOSITION		20b. PLACE AND DATE OF			DATE	20c. LOCATION - C	
	1 Duriel 2 Cremetion 3 4 Donation 6 Other (Specify)		Westview	er place)			100	
	21. BIGNATURE OF FUNERAL BERVIO	E LICENSEE	MESIVIE		ND ADDRESS OF FA	CILITY	Atlant	1, 62.
- 1	6 / 10							
	23. PART I. Enter the diseases, ahock, or heart fall immediate CAUSE (Final disease or condition resulting in death)	ure. List Dnly Dns cause D	ised the desth. Do no n each line.	ot enter the mo	Annapo ds of dying, suc	lic h ss cardled	Md 2140 c Dr respiratory srm	Approxim Interval B Onset sno
TIFICATION	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition	a. The modern to the state of t	n sach lina.	ot safer the mo	Annapo ds of dying, suc	lic h ss cardled	Md 2140 c Dr respiratory srm	Approxim
CERTIFICATION	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF:	cere	Annapo de of dying, suc	1 is the second	Md 2140 c Dr respiratory srm	Approxim
	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A d.	AS A CONSEQUENCE OF:	cere	Annapo de of dying, suc	1 is the second	Md 2140 c Dr respiratory srm	Approximinterval B Onset and CT
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MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond Lickets HYPERT	a	AS A CONSEQUENCE OF:	cere	Annapo de of dying, suc	h se cerdied /6/4 Part I. 24	MA 2110 c or respiratory error c / / / C / / / / / / / / / / / / / / /	Approxim Interval B Onset and VEAL T 24b. WERE AUTOPSY F AMALIABLE PRIOR COMPLETION DF
MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond Diseases HYPROTO	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A d. DUE TO (OR A Medicine contributing to dest Medicine STATE OF A	AS A CONSEQUENCE OF:	t she underlying	Annapo de of dying, suc 26 c Nar	Part I. 24	MA 2110 c or respiratory error c / / / C / / / / / / / / / / / / / / /	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond Lastes HYPS 17 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER DF DEATN Natural 5 Pending investigat 1 Natural 6 Could no detarmine 29e. CERTIFIER (Check only) CERTIFYING P	BL. DUE TO (OR A D	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	t anter the mo	de of dying, suc	Part I. 24 Part I. 24 1 Other (S 28d. DESCR 28f. LOCATIC City or 1	In. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) ON (Street and Number Rown, State) (a) and manner as stated diplace, and due to the	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 VES 2 URED
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Laster 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DF DEATN 1 Netural 5 Pending Investigat 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT	a. DUE TO (OR A MINIMAL TO (OR A) DUE TO (OR A DUE TO (AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	ot enter the mo	g cause given in ACE OF DEATN (Chie 6 Residence URY AT PKES 2 NO and place, and due leath occured at the	Part I. 24 Part I. 24 1 Other (S 2et, LOCATI City or 1 to the cause tima, date an	In. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) ON (Street and Number Rown, State) (a) and manner as stated diplace, and due to the	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2 URED Or Rural Route Number, occuse(s) and manner as a
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		1 - STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF HI CERTIFICATE OF		AL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Lest) VONVL Marie	Belanger	2. DA	TE OF DEATH	TOAR 3. TIME OF DEATH			
2, 3 should	стоя	025-20-0234 1 M 2 M F 92 9a. FACILITY NAME (If not Institution, give street and number) St. Elizabeth's Home for the A			sorth, Day, Year)	BIRTHPLACE (State or Famous Country) New Hampshire Y OF DEATH			
permit. Pages 1, 2	DIRE	Maryland 10b. COUNTY	10c. CITY, TOWN OR LOCATI	.б ои		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
an. ransit per	NERAL	3502 Richmond Avenue		21213	10g. CITIZE	USA			
Z1Z15-0020 il or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO If yes, spe	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — Black, WY Specify: 1 YES 2 NO Specify:					
TLAND by the hospita be detached at once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mos life. Do NOT use retired.)	N 1 t of working	66. KIND OF BUSINESS/INDUS	White			
	ш	17. FATHER'S NAME (First, Middle, Last) Achille Moreau	Homemaker		t, Middle, Maiden Surname)				
y be retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) H. Phil Belanger		Figenie Goudreau Number of Rural Route Number, City or Yown, State, Zip Code) Venue Baltimore, MD 21213					
AL IIMORE, R death. Page 6 may be r tuneral director, page 5 i. examiner must be n		1 X Sourial 2 Cremation 3 Removal from State cemete			1,	ridge, Ma.			
193, P.O. BOX 68100, The death carificate be executed within 24 hours after of the attending physician and completely filted in by the Mental Hygiene prior to burlal, cremation, or removal lury, or other traumatic event, the medical e	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	- Acc	ardiec or respiratory arres	t, Approximate Interval Between Onset and Death			
requires that the een signed by the of Health and M shows any Inju	MEDICAL	PART II. Other significant conditions contributing to death but	not resulting in the underlying	ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
£ 22 E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OTHER:	ACE OF DEATH (Check only					
NG PHYSICIA fler this certif eath with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 28c. INJU INJURY WOR	IRY AT 28d. D	DESCRIBE HOW INJURY OCCU	RED			
TTENOI TTENOI TTOR: A after da		2 Accident investigation							
A PA	COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination of			time, date and place, end due to the cause(e) and manner as stated.				
TO THE HOSP! TO THE FUNER De filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	William Russell H (ITEM 27) (Type, Print)	29c. LICENSE NUMBER D30/		8 - 18 - 53			
		3320 BENSON NE BARRES SIGNAP AUG 19193	AT MO	2122	7				



TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RIMENT OF I	HEALTH AND	MENTAL HYGIEN	_			
Ì	DECEDENT'S NAME (First, Middle, Last) MO	RRIS		BERMAN		2. DATE OF DEATH AUGUST 15		3. TIME OF OEATH 2:20 PM M		
	4. SOCIAL SECURITY NUMBER 220-05-4814	5. SEX 6. AGE (IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) JUNE 12,	8. BIRT Coun	HPLACE (State or Foreign				
TOR	98. FACILITY NAME (If not institution, give s CHERRYWOOD NURS RESIDENCE OF DECEDENT		OR LOCATION OF OR ERSTOWN	EATH -	9c. COUNTY OF BALTIN					
DIRECTOR	MARYLAND 106. COUNTY	BALTIMO	RE 10c. CIT	Y, TOWN OR LOCA		NGS MILLS	ILLS 10d. INSIDE CITY LIMITS? 1 YES 2 XX			
FUNERAL	100. STREET AND NUMBER 16—E DEER LODGE	COURT		10	1. ZIP CODE 2.1117		10g. CITIZEN OF USA	WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR DR DA	2 NO	I If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Ricen, atc.)	or No— 14. RAC Blac Spec	EE — American Indian, ck, White, atc. city:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S	USUAL OCCUPATI	DN ost of working	16b. KIND OF BUS	SINESS/INDUSTRY			
OMP	17. FATHER'S NAME (First, Middle, Last)		MECH	ANIC	18. MOTHER'S NA	U.S. PC	ST OFFIC	E .		
H	NATHAN 19a. INFORMANT'S NAME (Type/Print)	BE	RMAN		IDA			FFMAN		
2	MRS BEATRICE BE	RMAN	16-E	DEER LOI	GE COURT	OWINGS MI	LLS, MD	21117		
	20a. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cam	etery cramatory or o	of disposition (Nathar place) L MEMORI			CATION — City or TO RANDALLS	own, State STOWN, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE? WEMORIAL PARK 8/18/93 RANDALLSTOWN, M. 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 2							RE, MD 21215		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									
ATION	Sequentially list conditions, if any, leading to immediate cases. Extra United National Property of the Control									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.									
A	PART II. Other significant condition	s contributing to death be	ut not reaulting	in the underlyin	g cause given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC		1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE DF DEATH (Che	ock only one)				
HASI	1 YES 2 ND 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpu			e 5 🗆 Residence					
BY PI	1 Haturel 5 Pending 2 Accident Investigation	8/15/9°		M 1	PRK? VES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
E	3 Suicide 4 Homicide a Could not be determined 28e. RLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. RLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLET		CIAN: To the best of my knowledge. CIAN: To the basis of sxamination						s) and manner as stated.		
BE	296, SIGNATURE AND TITLE OF CERTIFIER	Legel			29c. LICENSE NUM	8304	29d. DATE SIGNED	(Month, D) Year)		
2	20. NAME AND ADDRESS OF PERSON WHO	St. Rec	TH (ITEM 27) (Type,		0	21044	7			
U	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	A Aranda 90	r						

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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN ERTIFICAT					
= 3	1. DECEDENT'S NAME (First, Middle, Last)	CULP	LITTITIOA	TE OF BE	AIII	REG. NO. 2. DATE OF DEATH MONTH D. 8		3. TIME OF DEATH 3. TIME OF DEATH
		5. SEX 6. AGE (In yrs. ia:	st birthday) IF UND		IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	001 10 10 11	1 D M 2 X F 80	YRS.		Alex	10-17-	12 1	MARYLAND
œ	9a. FACILITY NAME (If not institution, give stre			TY, TOWN OR LOC		ATH	9c. COUNTY	OF DEATH
18	DEATON SPECIALI RESIDENCE OF DECEDENT	Y HOSPITAL + H	OME !	BALTIN	IORE	CITY		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Balti	more	ODE		10a CITIZEN	1 X YES 2 NO
FUNERAL	2002 McHenry Stree	t			L223		US	
3	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	RMED 1:	3. WAS DECENDEN	T OF HISPANI	C ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	NO I	1 TYES 2 X		, Puerto Rican, etc.)		Specify:
	15. DECEDENT'S EDUCA	TION 16n, DE	ECEDENT'S USUAL	OCCUPATION		16b. KIND OF BUS	SINESS/IND/ IS:	white
I E	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (G	live kind of work don Do NOT use retired	ne during most of w	orking	Total Rains of Box	MVL33/MVD03	
COMPLETED	8th	Li	ineworke:	r		Mfq.		
	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Malden		
H	David Lease 190. INFORMANT'S NAME (Type/Print)	100	h MAII ING ADDDE			iemensnyde		
2	Robert D. Culp							and 21223
5	20a. METHOD OF DISPOSITION 1 Deniel 2 Cremation 3 Remove	20b. PLACE	AND DATE OF DISPO	OSITION (Name of				or Town, State
	4 🗋 Donation 5 🗆 Other (Specify)	Mary!	ematory or other place land Vete	erans Ce	eme.	8/24/93 Ga	rrisor	Forest, Md.
	21. SIGNATURE OF FUNERAL SERVICE CICE	esex/		mbrose F		l Home, In	C.	C-W119
	Just Ilm	Mrs /d.	1:	328 Sulp	hur S	or. Rd. Ar	butus,	Md. 21227
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused the de st only one cause on each line	eath. Do not anto	er the mode of	dying, such	as cardiac or respi	ratory arrest	, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Artherinialan	1.00	1:-10	1.10	Direase		Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE		VELTO VEGS	lufus	Dicare	•	
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):					
	CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF:					
	that initiated events resulting in death) LAST	(or /or /o / oo//oc	ooliot or j.					į
5 5	PART II. Other algnificant conditions	contribution to doub but not	and the state of					
MEDICAL	Presure We	W	resuming in the i	underlying caus	re given in F	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
E G	Romerent un	nam trait in	Cection			1	DATO	OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPÍTAL:			F DEATH (Che	ck only one)		
YSI	1 U YES 2 W NO	Inpatient 2 ER/Outpatient 3			Residence (Other (Specify)		
	27. MANNED OF DEATH 1 Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	- 1	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED
BY	2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY At he	ome, ferm, street, fa	1 YES		281. LOCATION (Street e	and Number or I	Rural Bouta Number
TED	4 Homicide 8 Could not be determined	building, etc. (Specify)				City or Town, State)		
PLE	290. CERTIFIER 1 A CERTIFYING PHYSICI	AN: To the best of my knowledge, de	eath occurred at the	e time, date and pi	ace, end due t	to the cause(e) end mar	nner as stated.	
COMPLET	one)	On the basis of examination end/or						suse(e) and manner as stated.
ш	296. SUMATURE AND, TITLE OF CERTIFIER	60		29c.	LICENSE NUM	BER	29d. DATE SI	GHED (Month, Day, Year)
8	Jule Merk	COMPLETED CAMSE OF DEATH (ITE		J	1955	18	1	20193.

SE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

pital or attending physician. BALTIMORE, MARYLAND 21215-0020

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Pages 1, 2, 3

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be flied within 72 hours after death with the State Dest. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Deat. of Health and Mental Hygiene prior to burial, cremation, or removal.	E P	
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32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH O 8 1 DAY JR. 2:23 JOHN F CAMPBELL P 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 F 26 YRS. 17,1993 212-98-2850 Aug. Maryland 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 3221 TYNDALE AVENUE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1XXYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21214 3221 Tyndale Avenue USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XX10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES ANO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Coastal Steel Co. ll vears Steel Worker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at John F. Campbell, Sr. Phyllis A. Chenworth BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1203 Demarcay Way Baltimore, Md. 21224 <u>Victoria L. Campbell</u> must be 20e. METHOD OF DISPOSITION
1 ☐ Burlai 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Metro Crematory, Inc. 8-23-93 4 Donation 5 Other (Specify) Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Lassahn Funeral Home dassahn Turval Yorn E 7401 Belair Rd. Baltimore, Md. 21236 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heert fellure. Liet only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO lient 2 ER/Outpatient 3 DOA ing Home 5 X Residence 6 - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation 08/17/1993 1 YES 2XXNO SUBJECT HANGED SELF BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm building, etc. (Specify) HOME 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 3221 TYNDALE AVENUE 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner ee stated. MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 29d. DATE SIGNED (Month, Day, Year)

08/18/1993 ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E 2 PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Will PENN STREET, BALTIMORE, MARYLAND 21201

DHMN-16 Rev 1/89

8:20

YEAR

3 TIME OF DEATH

2. DATE OF CEATH

1. DECEDENT'S NAME (First, Middle, Last)

MARIE LACY CUMMINGS

Julia Davidson

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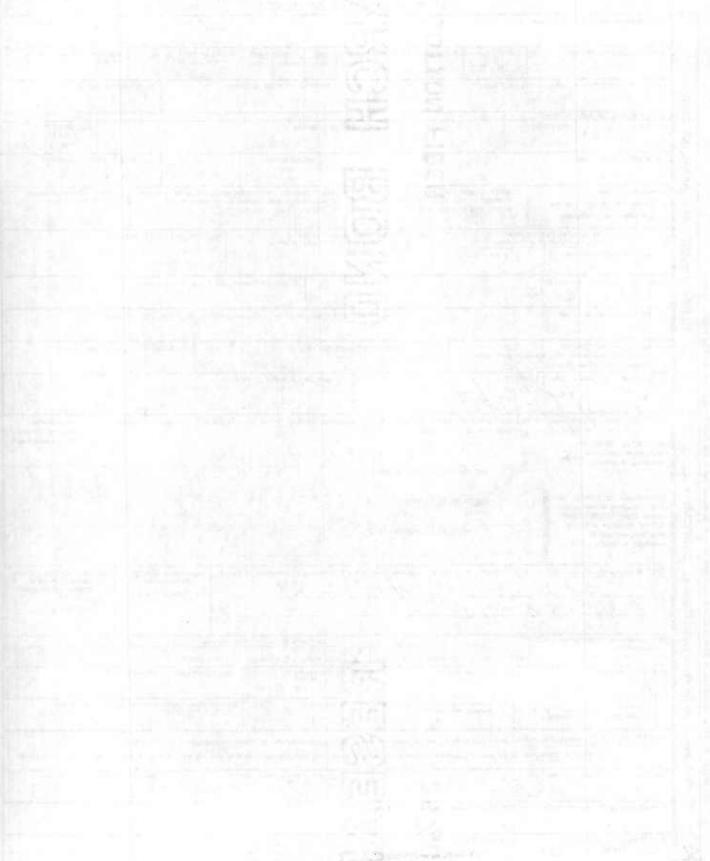
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	lental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or Item 23 shows any in

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Aug. 17, 1993 р.м 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Morith, Day, Year)
Aug. 16,1908 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 217-48-4836 Maryland 1 M 2 X F 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care Ruxton DIRECTOR Ruxton (Towson) Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Ruxton (Towson) 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7001 N. Charles St. 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Homemaker 12 Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Joseph James Lacy Mary Frances Collins BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Alexander Cummings 7333 Yorktowne Dr., Towson, Md. 21204 20a. METHOD OF DISPOSITION
11 Buriel 2 Cremation 3 Removal 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION - City or Town, State OATE New Cathedral 4 Donation 5 Other (Specify) Cemetery 8/21/93 Balto., Md 21, SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arreat, lura. List only one ceuse on each line. 23. PART I. Enter the diseases shock or heart to **Approximate** interval Between IMMEDIATE CAUSE (Finel **Onset and Death** EMPHYSEMA disease or condition resulting in death) CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) 1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursir HOSPITAL: 1 YES 2 NO rrsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stets) 8 Could not be determined COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

8-19-93 29c. LICENSE NUMBER BE Olkelm 12849 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. A.H.Ghiladi, M.D. - 7600 Osler Dr., Suite 111, Towson, Md. 21204 32. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. use as the detached for 2 Ħ funeral director, page 5 should notified pe must examiner the or removal medicai the attending physician and completely filled in by Wental Hygiene prior to burial, cremation, or remo the DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic other 0 signed by the any Shows has been of the Dept. of the 23 show th the State De d, or Item 2 this c is marked, DIRECTOR: After the hours after death w TO THE FUNERAL C be filed within 72 h HOSPITAL 물물물 23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF GEATH 3. TIME OF DEATH YEAR NEWMAN V. CARTER 08 18 93 2:30 Α 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE C' STH 8. BIRTHPLACE (State or Foreign DAVE 1 M 2 F 230-142499 69 VIRGINIA 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE YES 2 X NO FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3510 West Franklin Street 21229 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 1 Married BY Specify: 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY st of working Elementary/Secondary (0-12) College (1-4 or 5+) 9TH WELDER TIN MTT.T 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT CARTER BE MARTA NEWMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CARRIE CARTER FRANKLIN ST. BALTO 3510 W. MD21229 20s. METHOD OF DISPOSITION

XXBurlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Donation 5 - Other (Specify) 8/23/93 Owings Mills, Md Garrison Forest Veteran 21. SIGNATURE OF FUBERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME-WEST 4300 WABASH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only one ceuse on sech lins. intervai Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition VENTRICULAR ARRHYTHMIA resulting in death) 5 MINUTES DUE TO (OR AS A CONSEQUENCE OF) DILATED CARDIOMYOPATHY MEDICAL CERTIFICATION 3 YEARS Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING MYOCARDIAL INFARCTION CAUSE (Disease or injury 3 YEARS OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CHRONIC ISCHEMIC HEART DISEASE 5 YEARS PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO RENAL FAILURE, CEREBRAL VASCULAR ACCIDENT COMPLETION OF CAUSE 1 X YES 2 NO CALCIFIC ATHEROSCLEROSIS 1 VES 2 INO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 N Inpetient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 - YES 2 X NO 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29s. CERTIFIER (Check only one) 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) Won 12 D43453 08/18/93 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DIXON KING, VERNON JR., M.D.

32. PEGISTRAR'S SIGNATURE

20 1993

1

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	'ole	-			2. DATE OF DEATH MONTH	9 9	3. TIME OF DEATH
	215- 16-7749 1	6. AGE (In yrs. II	YRS, MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Amenth. Omy Year) 9-7-22	N/I	BIRTHPLACE (State or February Coupting) ARYLAND
TOR	98. FACILITY NAME (If not institution, give street UNIVERSITY HOSPI	TAL	96.	BALTIM	ORE CI	ТҮ	9c. COUNTY	Y OF DEATH
DIRECTOR	10a. STATE MARYLAND		BALTI	MORE	ON			10d, INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	124 W. FRANKLIN	STREET		101.	21202			N OF WHAT COUNTRY? ED STATES
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 X IF YES, GIVE WAR OR DATES	NO	13. WAS DECI	city Cuben, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	Black, White, etc. Specify: B L A C K
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 9 TH	npleted) (DECEDENT'S USU Give kind of work of the DO NOT use ret	done during mos ired.)	N t of working	16b. KIND OF BUS	HNESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) MARION HARPER				VI RGIE	ME (First, Middle, Maiden NORRIS	Surneme)	
10 8	BERNARD HARPER	1	96. MAILING ADD 6010	LOCH	RAVEN	BLVD., BA	n, State, Zip Co	ÖRE, MD 2123
	20a. METHOD OF DISPOSITION 1 V Buriel 2 Cremetion 3 Removal 4 Denation 5 Other (Specify)		EAND DATE OF DI	SPOSITION (Ner	PARK			y or Town, State LSTOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Sender			• MARCH)1 E.	NORTH AVE.
	23. PART I. Enter the diseases, or come chock, or heert fellure. List immediate Cause (Finel disease or condition resulting in death)	pilications that ceused the dt only one ceuse on each lin	all C	enter the mod	le of dying, such	se cardiec or reapi	ratory screet	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	Ad 10	Nant	+ Ple	Ruda E	ftus	0.01
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):					
DICAL	PART II. Other significent conditions of	ontributing to deeth but not	resulting in th	e underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME								1 PES 2 NO
		OSPITAL:		HER:	ACE OF DEATH (Che			
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU WOF	RY AT	6 Other (Specify) 26d. DESCRIBE HOW II	JURY OCCUR	RED
2 Accident Investigation 280 PLACE OF IN HIPLY At home term stored before collections of the collection of the collectio								Rural Route Number,
LET	4 Homicide determined 29a. CERTIFIER 1 CERTIFUNG DAYSICIAN	N: To the best of my knowledge, d						
COMPLETED	one) 2 MEDICAL EXAMINER: O	on the basis of examination and/or						euse(s) end manner es stated.
O BE	296 SIGNATURE AND TITLE OF CERTIFIER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hreider	MU		0-24	79	29d. DATE S	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	chaeider	De At	of 1	Medica	re UM	115	225,
+1	31. DATE FILED (NO. 12. 10) 1993	32. JEGISTRADIS SIGNATURE	andelle			6 reen	e 5+	

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	must	-
	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must I	-
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		FOR 1 - STATE REGISTRAR	STATE OF					HEALTH DEAT		MENTAL HYGIEN	IE .	13	2438	81
- [1. DECEDENT'S NAME (First, Middle, Last)				IOAI	L 01	DEAI		REG. NO).		TIME OF DEAT	741
		MILDRED	GAY							MONTH E	MY Z O	YEAR		
ı		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UND	ER 1 YEAR	IF UNDER	24 HRS.	AUG. 17			.30P M	
		234-03-0094	1 M 2 K F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	May 24, 19		Country)		VA VA
		9s. FACILITY NAME (If not institution, give s	street and number)	01		9b. CIT	ry, TOWN	OR LOCATIO				Y OF DEAT		VVA
- 1	RO	Bel Forest Nursin	og Center	•		1	Fore	st Hi	11			_		
	5	Bel Forest Nursing RESIDENCE OF DECEDENT 106. STATE 106. COUNT						-			L_Hai	rford		
	DIRECTOR	1				-	or Loca 7ille					10	d. INSIDE CITY LIMITS?	r
3	AL D	Maryland Bal					YES 2 X	NO						
E.S.	A						16	M. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?	
- 1	FUNER	3006 1/2 Lavende		IT EVER IN U.S. AI	DATED	Lan	990.05	212			US			
		1 Never Merried 2 Married	FORCES?	YES 2 X	NO	13	If yes, s	pecify Cuber	n, Mexican	C ORIGIN? (Specify Ye , Pusrto Rican, atc.)	s or No—	I4. RACE — Black, W	American India hits, stc.	en,
-1	B	3 Widowed 4 Divorced	IF YES, GIVE	MAN ON DATES			1 YES	S 2 🔀 NO	Specify:			Specify:	hite	
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL (OCCUPATI	ION	-	16b. KIND OF BU	SINESS/INOU			
		Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)	ost of working	v					
9	MP	8th grade		Co	ook					Towson	High	Schoo	1	
1 0		17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	IE (First, Middle, Malden	Sumsme)			
ed a	BE	Alonzo Perry Ker 19a. INFORMANT'S NAME (Type/Print)	shner				-::-	Luc:	inda	Jane Osbo	ourne			
Totile I	2	Donald Corey		1						oute Number, City or Tox				
e e		20s. METNOO OF DISPOSITION		20b. PLACE	3006	1/2	Lave	ender	Ave	Parkvi				
nust		1 Surisi 2 Cremation 3 Rsm 4 Donetion 5 Other (Specify)	oval from Stats	cemetery cri	emetory or o	ther place	a)			1	CATION — CI			
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 2	Dulane	y Va	TIEV	Men	ND ADDRES	S OF FAC	8/20/93 Co	ckeys	ville	MD_	
xami	1	Maritia	of Va	n L	1					al Home				
		22 DART I February discourse	31. 100	(000		8	3521	Loch	Ray	en Blvd.	Towson	MD	21286	5
the medical		23. PART I. Enter the diseases, or cahock, or heart failure.	complications the List only one cau	it caused the di use on each ilm	nath. Do i n.	not anta	r tha mo	oda of dylr	ng, such	as cardiac or resp	Iratory arres	st,	Approxima	
he		iMMEDIATE CAUSE (Final disease or condition		,						_/			Onaat and	
		resulting in death)	a. OHE TO	(OR AS A CONSÉ	Ken	lu	0		an	rent				
C GV	_	_	00E 10	(OH AS A COMSE	OUENCE O	P):		0		•				
other traumatic event,	RTIFICATION	Sequantially list conditions, if any, leading to immediate	bOUE TO	(OR AS A CONSE	OUENCE O	F):								
tran	SAT	cause. Entar UNDERLYING												
the	E	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	OUENCE O	F):								
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Injury,	2	PART II. Other aignificant condition	a contributing to	death but not i	rasuiting	in the u	ndarivin	o cause of	iven in F	Part I. 24s. WAS AN	AUTOREY	Tash We	DE ALITONOU CH	ALD IA IOO
any	DICA		200/					g cause g		PERFOR		AW	RE AUTOPSY FII ILABLE PRIOR 1 MPLETION OF C	TO
We a	ш	7,000	V	ango.		-				1 □ YES 2	□ NO		DEATH?	AUSE
shows	Σ								-	-		1 [YES 2 N	10
n 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DE	ATN (Char	ck ook oost				
or item	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	AOO I	OTHE	R:			Other (Specify)				
d,	<u>₹</u> ∥	27. MANNER OF DEATN	28s. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JURY AT		28d. DESCRIBE NOW I	NJURY OCCU	RED		
	84	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, reer)	INJ	URY M		YES 2	NO					
60	ا ۵	3 Suicide 8 Could not be	28s. PLACE O	F INJURY — At ho	me, ferm, a	itreet, tsc	tory, offic	8		28t. LOCATION (Street	and Number or	Rural Route	Number,	
n 28 is		4 Nomicide determined		1-1-2-3-17						City or Town, State)				
TANT: It item	COMPLETE	29s. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	eth occurre	ed at the	time, date	end placs,	and due to	o the cause(s) and mar	mer as atated		-	
	S	one) 2 MEDICAL EXAMINE	R: On the basis of s:	camination and/or	Investigatio	n, In my	opinion, d	leath occure	d at the ti	me, data and place, an	d dus to the	csuse(s) sn	d menner as at	ated.
퇴	ш	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN					nth, Day, Year)	
2	m	Davis S.	D					D	3 2 -	275	> 9	1/8/	5	
	일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH //TE	M OT /T	0-1-0	_					1 01	15	

1131 Belair Road

30. NAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
Sulia Davidson-Randalle

Dr. D. Dunn
31. DATE PILED (Month, Day, 16er)

AUG 2 0 1993

ONMN-16 Rev 1/89

21014

Belair, MD

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pertificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P
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once, notified Pe must examiner or removal medical cremation, the event. burial, traumatic 9 other the attending phy 0 Injury. signed by t Health and апу 5 has be Dept. 23 certificate to the State this c marked, After death ATTENDING 69 DIRECTOR: / 28 Hem OR FUNERAL within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATN 93 1:35 PM 08 12 DAY DAISEY WTI.I.TAM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 50 M 2 | F 222-09-2708 82 2/8/1911 Delaware 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH A.A. COUNTY DIRECTOR NORTH ARINDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEMENT GLEN BURNIE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1XX YES 2 ☐ NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? North Arundel Convalescent Home 21061 USA 12. WAS OECEOENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 22 1 Never Married 2 Married BY 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced white COMPLETED 16a, OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 7 Supervisor Lumber Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph E. Daisey Della M. Dickerson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Kathryn E. Coffin P.O. Box 183, Millsboro, Delaware 19966 20a METHOD OF OISPOSITION
1 Burial 2 Cremation 3 Re 20b. PLACE ANO OATE OF OISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Millsboro Cemetery 4 Donation 5 Other (Specify) 8/15 Millsboro, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Watson Funeral Home Richara Watson 211 Washington St., Millsboro, DE 19966 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart failure. List pnly one cause on sech line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in dasth) Kesprown DUE TO (OR AS A CONSEQUENCE OF): Collain CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A OGNSEOUENCE OF): Mucus CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF that initieted events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL decupitro 1 YES 2 NO OF GEATH? Prinos authoritis CHF plined 1 TYES 2 NO Pentic ulcer PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or **EXAMINER?** HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO ng Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF OEATN 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SJGNEO (Month, Day, Year) BE endin 15204-0 1397 PRYSI 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Pipe, Print) M.D./7575 RITCHIE HIGHWAY, SE/GLEN BURNIE, MARYLAND 21061 MAHESH-S. OCHANEY, 22. REGISTRAR'S SIGNATURE

and the

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dear of Health and Mental Houne prior to burial cremation. or removal

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENT	AL HYGIEN		24303		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM DUGGIT	SYLV	ESTER	DUGGI	S 2. DAT	E OF DEATH		93 3. TIME OF DEATH YEAR 8: 0574m		
	4. SOCIAL SECURITY NUMBER ZY3099130		E (In yrs. last birthda	MONTHS DAY		7. DAT	E OF BIRTH 1 9	7 04?	BIRTHPLACE (State or Foreign Country)		
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TOW	N OR LOCATION OF	DEATH	UITO.	9c. COUNTY OF DEATH			
CTOR	Good Samarita	n Hospital		Bal	timore			na			
DIRE	Maryland	Y		TY, TOWN OR LO				10d. INSIDE CITY LIMITS?			
 	Maryland 100. STREET AND NUMBER		B	altimo	10f. ZIP CODE			10g. CITIZ	1 YES 2 NO		
FUNER	Meridian Nurs		rk Rd		USA						
BY FU	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISP specify Cuben, Mexi (ES 2 NO Spec	can, Puerlo		or No-	14. RACE — American Indian, Black, White, etc. Specify:		
ED 8	3 Wildowed 4 Divorced 15. DECEDENT'S EDI	CATION	16a DECEDENT	no susual occup			IL VIND OF BUI	200 /000	White		
1	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of life. Do NOT	of work done during use retired.)			b. KIND OF BU				
once.	17. FATHER'S NAME (First, Middle, Last)		Owner	<u> </u>	10 10071/57/10 1				r Company		
10 m					18. MOTHER'S N	IAME (FIISE,	, Middle, Meiden	Sumeme)			
TO B	19e. INFORMANT'S NAME (Type/Print)	1	1		et end Number or Rurs				140 21001		
must be	Robert Mc Neil. 20e. METHOD OF DISPOSITION 1 Suriel 2 Commetted 3 Rem	2	06. PLACE AND DAT	CeTowers#216,7301RitchieHwy,GlenBurnie EOFDISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata							
er ma	AC DoneHoff 5 Other (Specify) cemetery, cremetery, cremetery or other place) 1. MONATURE OF FUNEFIAL DESIVICE LICENSEE ROTTALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
medical examiner	Magnett	Ronald	Wade, D		W Ral+	imo:	tate i	Anato	my Board ,MD21201		
or other traumatic event, the	shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. End under u	a. DUE TO (OR AS DUE TO (OR AS C.	that caused the death. Do not anter the mode of dying, such as car cause on each line. S' C S S S E TO (OR AS A CONSEQUENCE OF): E TO (OR AS A CONSEQUENCE OF):					Approximate Interval Betwee Onset and De			
hows any inju	PART II. Other significant condition Multi-Organ for		but not resulting	g in the underly	ring cause given i	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED3	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	check only o	one)				
	1 O YES 2 O NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou			ome 5 Residence	_	er (Specify)	N HIBY OCCI	IBEO		
Is marked, D BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year))	NJURY	WORK? YES 2 NO	200.00	QUALITY II	NJONT OCCU	HED		
28	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm pecify)	, street, factory, o	ffice	28f. LO	CATION (Street e y or Town, State)	and Number o	r Rural Route Number,		
의 건		ICIAN: To the best of my kno							d. ceuse(e) end manner se stated.		
MPORTANT: IF	29b. SIGNATURE NO NEW OF CERTIFIE	A			29c. LICENSE NI			29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WEDER S, SRINIVAS	5601 LOCHR	PEATH (ITEM 27) (TV)	y D'	D 226	RE	MD	212	39		
	AUG 19 1993	32. REGISTRAN'S SIG	MATURE			-		-			

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15-0020	ending physician.	as the burial-transit permit. Prove 1, 2, 3 show	
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or at	y the funeral director, page 5 should be detached for use noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove 1.2.1 proved be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Jeffe 31. DATE FILED (Month, Day, Year) AUG 2 0 1993

32. PEGISTBAR'S SIGNATURE

	1 - STATE STATE OF MARYLAND	/ DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN	E 33	24304	
	1. DECEDENT'S NAME (First, Middle, Last) Catherine Davis	ERITFIC	ATE OF	DEATH	2. DATE OF DEATH	+ 1993		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 № F 6. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Magth, Day, Year) OCT. 28,	1922 1	THPLACE (State or Foreign (NTY) ARYLAND	
H.	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL	91		I MORE		9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT				10d. INSIDE CITY	
	MARYLAND	BALT	IMORE				XX YES 2 NO	
FUNERAL	3800 W. BELVEDERE AVENUE		10f	21215		UNITED	STATES	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES A	RMED	If yes, spi	ENDENT OF HISPANI celfy Cuben, Maxican 2 NO Specify	ACE — American Indian, ack, White, etc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) The Do NOT use refred.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sum								
BE CON	17. FATHER'S NAME (First, Middle, Last) JACK BRAXTON				N COLLEE			
-	190. IMFORMANT'S NAME (TyperPrint) HARRY BRAXTON 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stalla, Zip Code) 909 E. 37 TH STREET, BALTIMORE, MD 21218							
	20a. METHOD OF DISPOSITION 1	CATION — City of						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			D ADDRESS OF FAC		1 E. N	ORTH AVE.	
	23. PART I. Enter the diseases, or complications that crused the disease shoot, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) a. STEAST	ð.					Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but not Chronic Obstructive Non - Insulin Dependent	resulting in t	he underlying Dia	cause given in F	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0	28. PL	ACE OF DEATH (Che	ck only one)			
	1 YES 22 NO 1 Inpetient 2 ER/Outpetient 3 27. MAI/NER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) Netural 5 Pending	28b. TIME O	F 28c. INJS	RK?	3 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURED		
TED BY	T Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, stree		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rura	Il Route Number,	
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, de one) MEDICAL EXAMINER: On the basis of axamination and/or						e(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER Jeffrey K, Dunbar	-7 M	D.	29c. LICENSE NUM			ED (Month, Day, Year)	
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Pri	nt) M	,D_ S	inal Ho	Spital	re-Morro	

(7	L
1	-	Page
BALLIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	IOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
	Jno	filled in
SION OF VITAL RECORDS, P.O. BOX 68/60,	TENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the

	1. DECEDENT'S NAME (First, Middle, Lest	ŋ						E OF DEATH		3.	TIME OF DEATH
	Donnie		C.	D	orsey		MON O	18	199	3	12:10 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)			48.4	E OF BIRTH		BIRTHPLA	ICE (State or Foreign
	216-62-9093	1 🔯 M 2 🗌 F	35	YRS.	MONTHS DA	/S HOURS MIN		/21/19	57	Balt	imore, M
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	YN OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	Н
6	University H	ospital	E.R.		Bal	timore	City				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	(TY		10c CIT	TY, TOWN OR LO					1 10	d, INSIDE CITY
DIRECTOR	MARYLAND										LIMITS?
	104. STREET AND NUMBER			-	BALT	MORE 10f. ZIP CODE		-	10a. CITIZI		T COUNTRY?
FUNERAL	819 EDMONDSO	N AVENU	E			2120	1		SUL	USA	
	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. AR	IMED		DECENDENT OF HIS	PANIC ORIG		or No — 1	4. RACE -	American Indian,
	1 Never Married 2 Married		1 TYES 2XT	VO:	If you	yes 2 X NO Sp	rican, Puarto ec/fy:	Rican, etc.)		Black, W Specify:	hita, atc.
	3 Wildowed 4 Divorced										Black
	15. DECEDENT'S ED (Specify only highest grad		(G	ive kind of	work done during	ATION most of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
COMI CELED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	rse retired.)						
	17. FATHER'S NAME (First, Middle, Last)										
	CHARLES DORS	FV						Middle, Meiden	Surname)		
	19a. INFORMANT'S NAME (Type/Print)	EI	Lan		ADDRESS (De	CECI		A			
2		37				eet and Number or Ru					
	CECELIA DORSE 20a. METHOD OF DISPOSITION	Y			EDMONI OF DISPOSITION	SON AVI			IMOR CATION — CI		21201
	1 Burial 2 Cremation 3 Ra 4 Donation C Other (Specify)	moval from State	cemetery, cre	matory or t	other place)		DA				
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEL	WOOD	LAW.		ETERY E AND ADDRESS OF		/23 BA	TITIM	ORE,	MARYLAN
	201001	(1)	16.15	11		Y O. D		& SON	FUN	ERAL	HOME
	23. PARICY. Enter the diseases, or	10,1	Sul	4	4600	LIBER	Y HE	EIGHTS	AVE	NUE	21207
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
4 11		0			OF):						
S											
DICAL	PART II. Other algnificant condition	ona contributing to	o death but not r	reaulting		ying cause given	In Part I.	24e. WAS AN PERFOR	MED?	CO OF	VILABLE PRIOR TO
CAL	25. WAS CASE REFERRED TO MEDICAL	one contributing to	o death but not r	reaulting	In the under	ying cause given		PERFOR	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSI DEATH?
J. CAL		HOSPITAL:	o death but not r		In the under	S. PLACE OF DEATH	(Check only o	PERFOR	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSI DEATH?
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 □ Inputiont 2 to 28a, DATE Of	ER/Outpatient 3	□ DOA	in the under	3. PLACE OF DEATH Home 5 □ Rasiden INJURY AT	(Check only one 6 🗆 Ott	PERFOR	MED?	AM CO	MILABLE PRIOR TO MPLETION OF CAUS DEATH?
THISICIAN. MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LET S 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 □ Inpatient 2 to (Month, (GI ER/Outpetlent 3 F INJURY Day, Year)	DOA 28b. TIM	OTHER:	s. PLACE OF DEATH	(Check only one 6 Cott	PERFOR	MED?	AM CO OF 1 [MILABLE PRIOR TO MPLETION OF CAUS DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXPES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 (28a. DATE 0 ((Month, I) 1	G ER/Outpatient 3 F INJURY Dey, Year) 7 / 1 9 9 3 OF INJURY — At ho	DOA 28b. TM	OTHER: 4 Nursing 4 Pt 28c	5. PLACE OF DEATH Home 5 - Residen INJURY AT WORK? - YES 2 - NO	(Check only of a S I Ott	PERFOR 1 VES 2 Done) Der (Specify) ESCRIBE HOW II	NJURY OCCL	AM CO OF 1 (NILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
DI PRISICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? STATES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 (28a. DATE 0 ((Month, I) 1	FINJURY Dey, Year) 7 / 1 9 3 7 / 1 9 3 6 retc. (Specify)	DOA 28b. TM	OTHER: 4 □ Nursing AE OF 28cuury 3 □ 1 street, factory,	5. PLACE OF DEATH Home 5 - Residen INJURY AT WORK? - YES 2 - NO	Check only of 28d. Di	PERFOR 1 VES 2 VES 2 VES CRIBE HOW II 10 C T CATION (Street of yor Yown, State)	NJURY OCCU	AM COOPER TO THE PROPERTY ROUTE TO THE PROPE	NILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO NO NUMBER,
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ***DEX** S 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpatient 2 to Inpatient	G ER/Outpatient 3 F INJURY Day, 'bea') 7 / 1 9 9 3 OF INJURY — At ho , etc. (Specify) If my knowledge, da	DOA 28b. Till IN 11 bre, farm, tre	OTHER: 4 Nursing AE OF 28c UNRY 3 1 1 1 street, factory,	S. PLACE OF DEATH Home 5 Residen III/JURY AT WORK? YES 2 NO office	(Check only of the case of the	PERFOR 1 PYES 2 Ner (Specify) ESCRIBE HOW II 1 Diect CATION (Street ay or Town, State) 1 Rk euse(a) and mar	NJURY OCCL	AM CO OF 1 [I] I [I] I [I] I] I [I] I] I	NILABLE PRIOR TO MPLETION OF CAUSI DEATHY YES 2 NO NUMBER Number,
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? K X ES 2	HOSPITAL: 1 Inpatient 2 to Month, (Month, 1 28a, PACE of building // SICIAN: To the best of NER: On the best of t	G ER/Outpatient 3 F INJURY Day, 'bea') 7 / 1 9 9 3 OF INJURY — At ho , etc. (Specify) If my knowledge, da	DOA 28b. Till IN 11 bre, farm, tre	OTHER: 4 Nursing AE OF 28c UNRY 3 1 1 1 street, factory,	S. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO office data and place, and on, death occured at	(Check only of 28d. Did 28d. Did 28d. Did 28d. Did 28d. Lo City of 28d. Lo City of 28d. Lo City of 28d. Lo City of 28d. Lo City of 28d. Did 28d. Di	PERFOR 1 VES 2 Der (Specify) ESCRIBE HOW II 10 C T CATION (Street of Yor Youn, State) 10 Rk ause(a) and mar ta and place, an	NJURY OCCL Sho INJURY OCCL WI Anner se stated did due to the	AM COOP OF THE PROPERTY OF THE	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number, d menner es stated, onth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 to Inpatient	G ER/Outpatient 3 F INJURY Day, 'bea') 7 / 1 9 9 3 OF INJURY — At ho, etc. (Specify) S of my knowledge, day	28b. Tilli 28b. Tilli 1 1 ome, farm, tree	OTHER: 4 Nursing AE OF 28c JURY 3 1 1 street, factory, e t	S. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO office data and place, and on, death occured at	Check only of the case of the time, danger of the case of the time, danger of the case of the time, danger	PERFOR 1 VES 2 Der (Specify) ESCRIBE HOW II 10 C T CATION (Street of Yor Youn, State) 10 Rk ause(a) and mar ta and place, an	NJURY OCCL Sho INJURY OCCL WI Anner se stated did due to the	AM COOP OF THE PROPERTY OF THE	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NUMBER Number, Toga St d menner es stated
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, BALTIMORE, MARYLAND 21215-0020	thin 24 nours after death. Page 6 may be retained by the hospital or attending physician.	stely filled in by the funeral director, page 5 should be detached for use as the burial-transit mation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERT	TIFIC	ATE OF	DEA	ГН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	Laura Lee	Duncan						08		12		7:00 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth		UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
	214-38-2727	1 □ M 2 🔀 F	83 Y	RS.	UNITS DATE	HOURS	mire,		07/09	9		.A Ohio
R	90. FACILITY NAME (If not institution, git FAIRHAVEN	e street and number)		1,71	ykesv				land		CO 1 1	ATH
5	RESIDENCE OF DECEDENT				7			10.1	20110.	Jour.		
DIRECTOR	MD Carr			SV111		Μď					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		77 1.0		ZIP COD				10a CITI		YES 2 NO	
E.	7200 Third Av	renije	Apt. 302			178				U.S.		IAI COORTAT?
S	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. ARMED					IIC ORIGI	17 (Specify Yes			- American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 NO		If yes, sp	2 NO	n, Mexica	n, Puerto	Rican, etc.)		Black, Specify	White, etc.	
0	15. DECEDENT'S E	DUCATION						168	. KIND OF BU	SINESS/IND	Whi	te
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY											
<u> </u>	17. FATHER'S NAME (First, Middle, Last)	IIami Un	LV. Jonio		50110				Middle, Maiden		10010	,
8									mmin			
BE	Leonard E. Th	nosemo	19b. MA	II ING ADI	DRESS (Street a						Codel	
임	Richard S. Dune	can			nird Av							Md. 21784
	20e. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME AN		_	CILITY				
	re-Bu	ain Por	ell		Eline	Fune	ral					wn Road , Md.21136
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that leathed events of the conditions or injury that leathed events of the conditions or injury that leathed events of the conditions or injury that leathed events of the conditions or injury that leathed events of the conditions or injury that leathed events of the conditions or injury that leathed events o											
H	that initiated events resulting in death) LAST	d	(OR AS A CONSEQUEN	CE OF):								
	PART II. Other significant condit	ons contributing to	death but not result	ling in th	ne underlying	Cause o	dven in i	Part I.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
4: MEDICAL								_	PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
X	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Che	ick only or	ne)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ D		HER: Nursing Hom							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b	. TIME OF	28c. INJ	JRY AT	1		CRIBE HOW I	NJURY OCC	URED	
	1 Natural 5 Pending	(Month, E	ay, rear)	INJURY	M 1 Y	ES 2	NO					
ETED BY	2 Accident Investigeto 3 Suicide 6 Could not I 4 Homicide determined	26a. PLACE C	F INJURY — At home, fi etc. (Specify)	irm, stree	t, factory, office			26f. LOC City	ATION (Street a or Yown, State)	and Number	or Rural Roo	ite Number,
COMPLET			my knowledge, death or xamination and/or invest									
	29b. SIGNATURE AND TITLE OF CERTIF		4	111211	7				min piece, en			
BE		This	Mg MI	>		D'	NSE NUM	22 <i>(</i>		29d, DATE	SIGNED (A	North Day, Year)
٩	1645 Select	CONFLETED CAU	Oderson	(Type, Prin	MID.	7	178	4			-/ .	
- 15	31. DATE FILED (Month, Day, Year)	I as projects	R'S SIGNATURE	-		-	0	-/				

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran hours after death with the State Dect. of Health and Mental Horlene prior to burial, cremation or removal	
ospital or atter	thed for use a	ai
ained by the h	hould be detac	ifled at once
6 тау be ret	ector, page 5 s	must be not
er death. Page	the funeral dire	i examiner
n 24 hours aft	ly filled in by	the medica
executed withi	and complete o bunal crem	matic event,
certificate be	nding physiciar Hygiene prior	r other trau
that the death	ed by the atter	any Injury, o
e law requires	has been sign Dept. of Heal	1 23 shows
PHYSICIAN: Th	this certificate with the State	ked, or Iten
S ATTENDING !	RECTOR: After	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ā	0 0	te

93 24387 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Gemeinbardt 2. DATE OF DEATH 3. TIME OF DEATH
7 23 DUKE GERALDINE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)

5 - 24 -IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 77-05-6737 1 M 2 F BALTO 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH AUGSBURG WITHERAN HOME MO (County) USA BAUN Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY USA PXXXXXXX Baltimore Baltimore County 1 TES X NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6811 CAMPFIELD RD MP 21207 BALTO USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 — YES 2 — NO Specify: 14. RACE — American Indian, Black, Whits, stc. IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced BE COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ADM. SECRETARY State of Maryland 9 years 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Malden Surname) MARDEL FINK GENERN HAR OT AUGUST 19b. MAILING ADDRESS (Street and Number of 2 M. RAMOS 6811 CAMPFIELD BACTO MD 20e. METHOD OF DISPOSITION

1XXBuris! 2 Cremstion 3 Remo 20b. PLACE AND DATE OF OISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stats Moreland Memorial Cemetery Donation 5 Other (Specify) 8-16-93 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jessehn 7401 Belair Rd. Baltimore, Maryland 21236 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such ee cardiec or respiratory erreat, Approximate ahock, or heart fallure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset end Death disease or condition_ he me resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditione, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseeee or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Aursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF 28d. OEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Suicide 2at. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29s. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner es stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piecs, and dus to the cause(s) and mennar as steted. 29b. SIGNATURE AND TITLE OF CERTIFIER 296 LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) H

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31. DATE FILED (Month, Day, Year)
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE rena Davido

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use as the burial-transit permit. Pages 1, 2, 3 should

P.O. BOX 68760. DIVISION OF VITAL RECORDS,

nours after death. Page 6 may be retained by the hospital or attending physician. for L detached funeral director, page 5 should be the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within other been signed by the shows a State Dept. c certificate h 5 this c After the DIRECTOR: A pours after d item 28 is FUNERAL (within 72 h TO THE HOSPITA
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DF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sanden Rondalle

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 80 HARRY 1993 ELDER 07 1:20 P M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8 - 5 - 3 2 6. AGE (In vrs last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1× M 2 - F SHTHON DAYS HOURS 61 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEAT 9c. COUNTY OF DEATH DIRECTOR 2744 HARLEM AVE. BALTIMORE CITY. na RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2744 Harlem Avenue 21217 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexicen, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE - American Indian, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR DR DATES BY Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Ħ BE notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must removal examiner NTURE OF NUMERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD 21201 medical 23 PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between MMEDIATE CAUSE (Final Onset end Death the disease or condition NOW resulting in death) event, DUE TO (OR AS A CONSEDUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 50 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? any 1 YES 2 | NO HERD 1 YES 2 ND PHYSICIAN: 240 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5X Residence 8 □ Other (Specify) HOSPITAL: 1 X YES 2 ND patient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) MATERIAL DEATH 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 T Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E.

111 Penn Street, Baltimore, Maryland

21201

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ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, it Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	

1. DECEDENT'S NAME (First, Middle, L	nst)			ICATE OF			2. DATE MONTH 08	REG. NO			3. TIME OF DEATN
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
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9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT	TY OF D	EATN
Franklin So	lare Hosp	oital		Rossv	ille	9			Ba	lti	more
Franklin Son RESIDENCE OF DECEDENT 10a. STATE 10b. CO			10c, CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
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Norman C. E	11ett				V	ern	ice	Smoo	t		
19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street	and Numbe	or Rural I	Route Numb	er, City or Tov	vn, State, Zip (Code)	THE STATE OF
Eunice Dick	erson		252	2 Keyw	orth	Av	e. E	alti	more,	M	d. 21215
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ahock, or haert fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERA MEDICAL EXAMINERA A CERTIFIER (Check only one)	a	WEEVOUTPETION 3 FINJURY At hone etc. (Specify)	DOA 28b. Till IN. 1 2: TOW with occurrence of the country of t	2654 not enter the me D O C F): F): In the underlyin 26. P OTHER: 4 Nursing Hor E OF 28c. IN. JURY M 50A 1 street, fectory, office in house at the time, date	LACE OF DRAW AT DRYCK 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	given in	Part I. Par	aple Ave a llac Dr reap 24a. WAS AN PERFO 1 VES : 6) (Specify) CRIBE HOW ATION (Street Or Town, State Ambo se(a) and ma	Fune Balt Iratory arre Autropsy AMED? INJURY OCCL Ct Sh and Number of Circ Circ Circ Circ Chorer as state- and dua to the	ral O, et, 24b. 24b. 24b. 25c. 26d. Cause(a. Signed	Md. 2121 Approximate interval Betwee Onset and Da WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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ahock, or heer falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not 4 Homicide determine 29e. CERTIFIER (Check only One) 2 MEDICAL EXA 29s. SIGNATURE AND TITLE OF CERTI	B. DUE TO B. DUE TO C. DUE TO d HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, L) on OB DUE TO d. DUE TO d 1 28a. PLACE OF (Month, L) be building, d HYSICIAN: To the beat of a linear of a linea	WER/Outpetient 3 FINJURY PER/Outpetient 3 FINJURY AF INJURY AF (Specify) If my knowledge, deal examination and/or in	DOA 28b. Tilmin. 1 2: TOW ath occurrence at 27) (Type	2654 2654 The control of the method of the method of the method of the method of the method of the method of the the time, determined on the method of the time, determined on the method of the time, determined on the method of the time, determined on the method of the time, determined on time, determined on the time, determined on the tim	Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	given in	Part I. Part I. Part I. School only on the cautime, data	aple Ave a lac Dr reap 24a. WAS AN PERFO (Specify) CRIBE HOW (UD) CRIBE HOW	Fune Balt Iratory arre Autropsy AMED? INJURY OCCL Ct Sh and Number of Circ Circ Circ Circ Chorer as state- and dua to the	ral O, at, 24b. JRED Ot Rural F Cause(a	Md a 2121 Approximate interval Betwee Onset and Da WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Noute Number, and manner as stated (Month, Day, Year) 3 / 1993



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ran course 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN			
	PATRICIA EFTIN	ζ		2. DATE OF DEATH AUGUST 1.	5 1993	3. TIME OF DEATN 1:30P M	
4. SOCIAL SECURITY NUMBER 497-50-8762 9a. FACILITY NAME (If not institution,	1 🗆 M 2 💢 F	49 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN. TY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) NOVEMBER	1 1943	BIRTNPLACE (State or Foreign Country) MISSOURI	
NIH, THE CLINIC	CAL CENTER		THESDA, MARY		MONTG	COMERY	
10a. STATE 10b. C	YTU TTC	ORAN	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RT. 1, BOX 41			101. ZIP CODE 63771		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2. MO TES	3. WAS DECENDENT OF NISP/ If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	-	RACE — American Indian, Black, White, etc. Specify: WHITE	
15. DECEDENT' (Specify only highes	S EDUCATION I grade completed) College (1-4 or 5+)	ille. Do NOT use retired	ne during most of working 1.)	16b. KIND OF BU	SINESS/INDUST		
12 17. FATNER'S NAME (First, Middle, La	st)	CIRCUIT		COUN AME (First, Middle, Maiden		ERNMENT	
CLAUDE D. SCI				IE M. PETTY			
JAMES A, EFTIN			SS (Street and Number or Rural		vn, State, Zip Coo	de)	
200 METNOD OF DISPOSITION	100	PLACE AND DATE OF DISP			CATION — City	or Town, State	
1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	etery, crematory or other please IARDIAN ANG	EL CEMETERY	8-19	ORAN .		
21. SIGNATIVE OF FUNERAL SERVI	CE LICENSEE	2	2. NAME AND ADDRESS OF F IVES—PEARSON ARLINGTON.	FUNERAL H			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	C b		Breast	Cance		Interval Betwee Onset and Dast	
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):					
PART II. Other significant con	ditiona contributing to death be	it not reaulting in the	underlying cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PLACE DF DEATH (C	heck only one)			
1 TYES 2 NO	HOSPITAL: 1 X Inputient 2 □ ER/Outp	ntient 3 DOA 4 N	ER: lursing Home 5 - Residence	8 Other (Specify)			
27. MANNER OF DEATH 1 X Netural 5 Pending Investor		28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
3 Suicide & Could n	Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Flural F building, etc. (Specify) 28f. LOCATION (Street and Number or Flural F						
	PNYSICIAN: To the best of my knowledge. AMINER: On the basis of axamination					nuse(a) and manner as stated.	
200 SIGNATURE AND TITLE OF CER	TIFIER MD		29c. LICENSE NU NY 190		29d. DATE SH	GNED (Month, Day, Year)	
	N WHO COMPLETED CAUSE OF DEA		WILLE PIKE,	100	MARVI AI	110	
31. DATE PILED (Month, Day, Year) AUG 2 0 1993	A12 REGISTRAR'S SIGN	TURE	TIND,	-LINDOW,	THE LIM	20032	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	De fi	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_	_

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ITMENT OF I		MENTAL HYGIENI REG. NO.	93	24391
	1. DECEDENT'S NAME (First, Middle, Last)	bust A	boa			2. DATE OF DEATH DA	170	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 705 - 12 - 6300	5. SEX 8. AGE (In	yrs (asi birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	041.	BIRTHPLACE (State or Foreign Country) Virginia
OR	9a. FACILITY NAME (If not institution, give to the production of the production)	E BALTO		96. CITY, TOWN	ALTO,	EATH MO	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY
	Maryland 10e. STREET AND NUMBER					timore		LIMITS?
FUNERAL	3552 Buena Vis	ta Avenue		10	f. ZIP CODE	21211	10g. CITIZEN	USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, s	CENDENT OF HISPA Decify Cuban, Mexic 3 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No — 14	RACE — American Indien, Black, White, etc. Specify: White
TED	16. DECEDENT'S EDU (Specify only highest grade		6a, DECEDENT'S	USUAL OCCUPATI work done during m se retired.)	ON osl of working	16b. KIND OF BUS	INESS/INDUS	ТЯУ
PLE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)		ek Mech		Au	to Re	pair Ind.
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Thomas Edward	Flood				ME (First, Middle, Melden s	-,	
TO B	19a. INFORMANT'S NAME (Type/Print) William Merson		196. MAILING 5103	ADDRESS (Street Green	and Number or Rural hill As	Route Number, City or Town 7 enue Ba	stere, Zip Co lto.,	MD 21206
	20a. METHOD OF DISPOSITION 12 Description 12 Description 13 Permatter 14 Description 15 Description 15 Description 15 Description 16 Description 16 Description 17 Description 18 Description	roval from State Cemelo Me			morial	8/20 Do	rsey,	or Town, State Maryland
	21. SIGNATURE OF PYMERAL SERVICE LY	nss Carpent	to	Burg	ee-Hens	Maryland ss F. H.	3631	Falls Road
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mex	moka	^	ode of dying, suc	ch as cardisc or reapir	atory arrest	t, Approximata interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ONSEQUENCE OF	lules P:	f Digh	selos me	Urt	ج)
	PART II. Other significant condition	na contributing to death but	not resulting	in the underlyin	g csuse given in	PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL						1 □ YES 2,	S.Mo	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C/	eck only one)		
IXSI	1 TES 2 NO	1 Inpatient 2 ER/Outpati				8 Other (Specify)		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	URY	PURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCUR	EO
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — butiding, etc. (Specify,	At home, farm,	street, factory, offic		261. LOCATION (Street et City or Town, State)	nd Number or I	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowled						suse(s) end manner es stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IGNEO (Month, Day, Year)

DEATH (ITEM 27) (Type, Print)

Kungles

Ste 102

Rd.

The regular state from the

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			THE OF BEATT	2. DATE OF DEATH	3. TIME OF DEATH		
	William Thomas	Franey			August 17	YEAR		
		5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign		
	210 10 1203	1 × M 2 □ F 6	9 YRS.	MITHS DAYS HOURS MIN.	May 6, 192	24 Maryland		
~	9a. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN OR LOCATION OF E	HTAB	9c. COUNTY OF DEATH		
DIRECTOR	2941 Bloom Road			Finksburg		Carroll		
REC	10s. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION		10d. INSIDE CITY		
	Md. Carri	oll		inksburg		LIMITS? 1 YES 2 XNO		
4AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2941 Bloom Road			21048		USA		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yas o an, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc.		
ВҰ	3 Widowed 4 Divorced	WW II	ES	1 TES 2 NO Spec	ify:	Specify: White		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION	18a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSIN			
		College (1-4 or 5+)		done during most of working stred.)				
MP		4	Watch E	ngineer		Gas & Elec. Co.		
	17. FATHER'S NAME (First, Middle, Last) Edward Francy				AME (First, Middle, Maiden Su	umame)		
BE	198. INFORMANT'S NAME (Type/Print)		10h MAII ING AD	DRESS (Street and Number or Rural	sa Miller			
5	Jean C. Francy			Loom Road Fi				
	20a, METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Remove	20b. F	LACE AND DATE OF	ISPOSITION (Name of		ATION — City or Town, State		
	4 Donation 5 Other (Specify)	trom State camer	tery, crematory or other ETGTEEN N	em. Gardens	Fink	sburg, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	4SEE		22. NAME AND ADDRESS OF F	ACII ITY	eisterstown Rd.		
	C- Brian	Powell		Eline Funeral		terstown, Md.21136		
	23. PART I. Enter tha diseases, or cor shock, or heart fallure. Lie	mplications that caused in	the death. Do not	enter tha mode of dying, au	ch as cerdiec or reapire	tory srrest, Approximata		
	IMMEDIATE CAUSE (Finel	\ 0				Intarval Batween Onset and Death		
ļ	disesse or condition resulting in death) s.	Thelon	ryper	nhe di	anden	6 months		
		DUE TO (OR AS A C	CONSEMUENCE OF):	t				
0 N	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):	neung				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury					į		
	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	d.							
AL (PART II. Other eignificant conditions	contributing to death but	t not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AL	THE RESERVE OF THE PROPERTY OF		
DIC.					PERFORMI			
ME						1 TES 2 NO		
ä								
PHYSICIAN: MEDIC		HOSPITAL:	O	28. PLACE OF DEATH (CI	heck only one)			
14S	1 YES 2 NO 1	28a. DATE OF INJURY		Nursing Home 5 Residence				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		28d. DEŞCRIBE HOW INJ	URY OCCURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, stree			I Number or Rural Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Specify	"		City or Town, State)			
7	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowler	ige, death occurred a	t the time, data and place, and du	to the cause(s) and manne	er en stated.		
NO.						due to the cause(a) end manner sa stated.		
ш	29b. SHOWSTUME AND TITLE OF CERTIFIER	^	1	29c. LICENSE NU	MBER 2	Pad. DATE SIGNED (Morph, Day, Year)		
9 0	Wize IN	- HXSICI	AN	1258	04	4 > 8/17/53		
, n		114000						
010	30. NAME AND ADDRESS OF PERSON WHO C							
10	Renzo Ricci, M.D.	COMPLETED CAUSE OF DEAT 3125 Bala 32 REGISTRAR'S SIGNAT Julia Juni dan	timore Bl		g, Md. 2104	8		



FOR 1 - STATE STATE OF MARYLAND

I	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	
	ERTIFICATE	OF DEATH	REG. NO.	

_	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. I	NO.	
1	1. DECEDENT'S NAME (First, Middle, Lest) FERTITTA	JESSIC	essica <i>l</i>	Anne F	ertitta	2. DATE OF DEATH		3. TIME OF DEATH
8	4. SOCIAL SECURITY NUMBER							3 05 13
	214-62-3305	1 - M 2 1 F	(In yrs. lest birthdey) 77–41 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 10/25)	51	BIRTHPLACE (State or Fore Country) New York
~	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D		9c. COUNTY	OF DEATH
Ö	Harbor Hospita	11		Ba.	ltimore	City	_	
EC	10a. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LOCA	ATION			10d. INSIDE CITY
DIRECTOR	Maryland	Anne Aruno	del		Glen	Burnie		LIMITS?
AL	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	108-A Warwicks	shire Lane			210	61	U	JSA .
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify		RACE — American Indian
×	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		S 2 NO Specia	en, Puerto Ricen, etc.) ly:		Black, White, atc. Specify:
	15. DECEDENT'S EDU	CATION	La					White
COMPLETED	(Specify only highest grade	completed)	16a. DECEDENT'S 1 (Give kind of w life. Do NOT use	ork done during m		16b. KIND OF	BUSINESS/INDUST	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	11 11 11 11	maid		1	Dom	
NO.	17. FATHER'S NAME (First, Middle, Last)		Dai	шала	18 MOTNER'S NA	ME (First, Middle, Maid	Bar	
	and sales sales and sales and sales	ī	Harding		IN MATHER & NA			Records "
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural	Route Number, City or		
임	Pamela A. Sine	S			ood Road			MD 21207
	20a. METNOD OF DISPOSITION	201	h PLACE AND DATE O	E DISPOSITION /A	lame of	DATE 200	LOCATION - City	
	1 Buriel 2 Cremetion 3 Reme 4 Donation 8 Other (Specify)	oval from State cen	metery, crematory or oth Metro Cr	remator	rv Inc		The second second	re, MD
	21. SIGNATURE OF FUNGRAL SERVICE LIC	ENGER Me 1	de	22. NAME /	AND ADDRESS OF FA	CILITY		
	, see	Markett		MacN	abb Fun	eral Ho	me, P.A	Α.
	George E. 23. PART I. Enter the diseases, pro		d the death. Do n	of enter the m	Frederi	ck Road	Balto	o., MD 21
	shock, or heart fellure.	Liet Dnly Dne cause Dn e	each line.		out of dying, add	an all coronec by re	opniatory arrest	interval Bet
	iMMEDIATE CAUSE (Finel disease or condition	End	stage 1	no de	ione			Onset and t
1	resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF	1:				
_		Heputz-t	Encephalo	pashy	dueto	Alcolul	à liver	duene.
2	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF					
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
H	that initieted eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
CERTIFICATION	readiting in death) EAST	d						
	PART II. Other significent condition	a contributing to deeth it	but not resulting in	the underlyin	ng ceuse given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINI
EDICAL				·		PERI	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CA
						I U YES	2 🗌 NO	OF DEATH?
2						_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE DF DEATH (Ch	eck only one)		
SK	EXAMINER? 1 YES 2 ND	HOSPITAL:		OTHER: 4 Nursing Ho	me 5 🗆 Realdence	6 Other (Specify)		
E	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c, IN	JURY AT ORK?	26d. DESCRIBE HO	W INJURY OCCUR	ED
BY	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, st	reel, tectory, offi	ca	281. LOCATION (Stre City or Town, Str	et and Number or F	Bural Route Number,
	4 Homicide determined					. ,		
COMPLET	294. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my know	viedge, death occurred	d at the time, dat	e end place, and due	to the cause(s) and r	manner as stated.	
8		R: On the besis of exemination						use(s) and manner as sta
	296. SIGNATURE AND TITLE OF CERTIFIER	2	. 0		29c. LICENSE NUI			GNED (Month, Day, Year)
BE		Sue 1	N.D.				▶ 8	117/92.
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)			-/	117
		511 BUCK COI	one terr	ACE AD	ECAHI M	026783		
7	31. DATE FILED (Month, gay, (par)	32/AGGISTAMA'S SIGN Guna Davidso	VATURE DO					
\mathcal{A}	HUU ~ 0 1993	June will ago	Ma-Nathanar					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF [DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Lest) ALFRED J. GAPS	15				2. DATE OF DEATH MONTH	DAY Y	EAR	OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		73 11.	US FM	
	214-18-5601 1×	12 🗆 F 71			HOURS MIN.	(Month, Day, Year) SEPT.5.19		BIRTHPLACE (S Country) MARYLAN		
	9s. FACILITY NAME (If not institution, give street end r	9	D. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY		<u>υ</u>		
DIRECTOR	ST. AGNES HOSPITAL	<u> </u>		BALT	IMORE					
3EC	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATIO	N			10d, INS	SIDE CITY	
٥	MARYLAND BALTIMOR	RE		CAT	ONSVILL	E			IITS? IS 2 🔽 NO	
ME	10s. STREET AND NUMBER			10f. 2	IP CODE		10g. CITIZEI	OF WHAT CO	JNTRY?	
FUNERAL	6300 ROWE COURT			21	.228		U	S.A.		
BY FU	1 Never Married 2 Married FOR	DECEDENT EVER IN U. ICES? 1 TYES : ES, GIVE WAR OR DATE	₹ NO	13. WAS OECEN If yes, speci 1 — YES 2	fy Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14	RACE — Amer Black, White, Specify: W	icen Indian,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16	a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BU	JSINESS/INDUS	TRY		
	Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT use n	done during most of tired.)	or working					
N N	H/S GRAD		INSURAN	CE AGENO	Y	HOME BE	NIFICIA	AL INS.	CO.	
	17. FATHER'S NAME (First, Middle, Last)			1		ME (First, Middle, Maide				
BE	GEORGE GAPSIS 190. INFORMANT'S NAME (Type/Print)					E (UNKNOW		·		
2	BETTY H. GAPSIS					oute Number, City or To				
	20a. METHOD OF DISPOSITION	20b. PL	ACEAND DATE OF E			ONSVILLE,		228 or Town, State		
	1 XBuriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State cemete	STANT	LAUS CE	METERY		ALTIMO			
	21. SIGNATURE OF FUNDRAL SERVICE OCCUPANT	1				L HOME IN				
	Janis (8m	(1)								
	23. PART I. Enter the diseeses, or complica	tions that coused th	e deeth. Do not	enter the mode	of dving such	VENUE-BAL	I IMORE,	MD. Z		
	shock, or heert fellure. List only iMMEDIATE CAUSE (Finel	one ceuse on eech	iine.	cinci the mode	or cynig, suci	ea cerdiec of feet	matory errest	int	proximata ervai Between	
	disease or condition	VELIME	ALIA					Or	set and Death	
	resulting in death)	DUE TO (OR AS A CO								
Z	Sequentielly list conditions, b. PR	OGRESI	VE N	EUROI	4 USCI	ILAR.	DISOR	EDER	Fuen	
CERTIFICATION	if any, leading to immediate	10 (011 NO N 00	HOLOGENOL OI).						1	
3	Choose (Disease of Hillary	UNKA DUE TO (OR AS A CO		CAU	>=					
	that initiated events resulting in death) LAST		nocoochoc or j.							
5	d									
1	PART II. Other eignificent conditions contrib					DEDEC			TOPSY FINDINGS E PRIOR TO	
ś I	CHRUNIC RES	PIRATO	RY	NSUF	ICIEN	C9 1 □ YES	NO		TION OF CAUSE	
2	VENTILATOR	DELE	NDEN	JCY		_		1 - YES	2 NO	
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 V Inqu			THER:	E OF OEATH (Che					
PHISICIAN: MEDICAL		. OATE OF INJURY	28b. TIME O			Other (Specify)	M ILLEN COOLIE	ED.		
- 10	1 Natural 5 Pending	(Month, Day, Yeer)	INJURY	WORK	?	28d. DESCRIBE HOW	INJUNY OCCUR	ED		
	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY -	At home, farm, stree			28f. LOCATION (Street	and Number or I	Rural Route Num	ber.	
	4 Homicide determined	building, atc. (Specify)				City or Town, Stele)			
COMPLEIED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To to	he best of my knowledg	e, death occurred a	the time, date en	d place, and due	to the cause(e) and me	Oner sa stated.			
	one) 2 MEDICAL EXAMINER: On the							ouse(s) end mar	ner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				C. LICENSE NUM			GNED (Month, D		
20	A Courtalez	M.D		1	+ A	2000	> &	117/	93	
2 ∥	30. NAME AND ADDRESS OF PERSON WHO COMPLE	FTED CAUSE OF DEATH		-	1/15	///	0		L	
		TIED GADGE OF DEATH	(ITEM 27) (Type, Pri	n)	1)	4	A		
	ANGELES GON-	SALEZ	, St. A	Tomes	HOSP	, 900 (ator	· Ave	2 .	
	ANGELES GON-	PEGISTRAR'S SIGNATU	, St. A	Ignes	Hosp	, 900 (ator	1 Ave	2 .	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

											93	24395	
	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AI		IENTAL HYGIE				
	1. DECEDENT'S NAME (First Middle Leat)										3. TIME OF DEATH		
	Paula (NMN) Gritta								MONTH	I 8	1993	M. TIME OF BEATT	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 I	\rightarrow	7. DATE OF BIRTH			PLACE (State or Foreign	
	216-32-0879	1 M 2 X F	8	1 YRS.	MONTHS	DAYS		4104	(Month, Day, Year)	1010	Country	(1)	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH					1912 Czechoslovakia			
E E	4624 Belair Roa		Baltimore										
5	RESIDENCE OF DECEDENT												
DIRECTOR	10s. STATE 10s. COUNTY					TOWN OR LOCATION 10d. INSIDE CITY							
ā						I T I MOYO						LIMITS? 1 X YES 2 NO	
AL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTY												
<u> </u>	4624 Belair Road					21206				l	United States		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.AR 1 Never Married 2 Married FORCES? 1 YES 2 Yes				MED 13. WAS DECENDENT OF H				C ORIGIN? (Specify Y				
ВУ	1 Never Merried 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	2 NO S	fexican,	Puerto Riceri, atc.)		Black, Specifi		
											White		
里	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 -) If a. DECEDENT'S USUAL OCC (Give kind of work done du Iffe. Do NOT use retired.)						JPATION 16b. KIND OF BUSINESS/INDUSTRY						
۳	College (14 of 5 +)												
COMPLETED	12			НС	mema	ker							
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Meiden Surna						
BE	Johannes 19a. INFORMANT'S NAME (Type/Print)		Hrziwna				Antonia				Burtzik		
2		nucki	19	b. MAILING	ADDRES O V	S (Street a	nd Number or F	Rural Ro	ute Number, City or To	wn, State, Zi	p Code)	04040	
	Violet E. Wisniewski 2618 Kentucky Avenue Baltimore, Md. 21213												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify) Oak Lawn 8/21/93 Baltimore, MD												
- 19	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr.					22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.							
	fam & Saylooch XII 530						5 Harford Road Baltimore, 21214						
1	23. PART I. Enter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death) a. Congestive Heart failure Arm Hans												
	a. Con aestive Heart failure Arrythmia inforction Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
S	Sequentially list conditions, b.	Genax	alised	Ath	20	sile	antic	140	out de	cons	P		
CERTIFICATION													
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. P. C. T. T. T. P. C. T. OUE TO (OR AS A CONSEQUENCE OF): C. P. C. T. T. T. P. C. T. C. P. C. T. T. P. C. T. C. P. C. T. T. P. C. T. C. P. C. T. T. P. C. T. C. P. C. T. T. P. C. T. C. P. C. T. T. P. C. T. C. P. C. T. T. T. C. P. C. T. T. T. C. P. C. T. T. T. C. P. C. T. T. T. C. P. C. T. T. C. P. C. T. T. C. P. C. T. T. C. P. C. T. C. T. T. T. C. P. C. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. T. T. C. T. C. T. T. C. T. C. T. T. C. T												
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF): Reaulting in death) LAST								224				
Ü	0												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL									PERFO			MAILABLE PRIOR TO COMPLETION DF CAUSE	
Ä	1 U YES 2 NO OF DEATH										OF DEATH?		
2									-		1	TES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL EVANIMED? 26. PLACE OF DEATH (Check only one)												
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
E	27. MANNER OF DEATH	26a. DATE OF INJURY			26b. TIME OF 26c, INJ				28d. DESCRIBE HOW INJURY OCCURED				
BY	1 Netural 5 Pending (Month, Day, Year)			INJ	M		RK? 'ES 2 NO						
	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, ferm					atreet, factory, office			281. LOCATION (Street and Number or Rural Route Number,				
E	4 Homicide determined building, atc. (Specify)								City or Town, State)				
COMPLET	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
8	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	290. SIGNATURE AND TITLE OF CERTIFIER	SIGNATURE AND TITLE OF CERTIFIER 1 1 1											
8	Milteli							N / 1 D A		29d. DATE SIGNEO (Month, Day, Year)			
유	IN HAME AND ADDRESS OF PERSON WHO COMPINED CAMES OF PEACH OF THE						D44796			10	0-17-73		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AHMED MA JOHNS HOPKIN'S GERIATRIC CENTRE.

AHMO MA J 32 AEGISTHAR'S SIGNATURE 02 John Denison Re

2 n 1993

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 73 Pasqual S Giorgilli AM ino 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 D F (Month, Day, Year) 69 217 12 6090 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore VA 10 Green St. DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY_TOWN DR LOCATION 10d. INSIDE CITY MD. ALTIMORE TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SNYDER AVE USA 2/222 page 5 should be detached for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE - American 2 Married hours after death. Page 6 may be retained by the hospital or attending any 1 Never Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade ntary/Secondary (0-12) College (1-4 or 5 +) TiLe-BRICK 2 CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle BIACCIÓ BONA notified at FIOR GILL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and I 2 21222 Hd. GIORG 3 AUC 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Wurtal 2 - Cre 3 □ director, 8/23 MD. 4 Donation 8 Other (Specify) -ARRISON VeT. LTo. FOR examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY POLLA NOCE

32-2 S. H. CA FUNCEN Home LSONS filled in by the funeral on. or removal. HIGH BASTO 2/202 mg S. 57 medical f. Enter the discrete, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Betwe 6 IMMEDIATE CAUSE (Final Onset and Death completely filled n'al, cremation. the disease or condition DUE TO (OR AS A CONSEDUENCE OF): week HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, the attending physician and con Mental Hygiene prior to burial, nd Stage DUE TO (OR AS A CONSÉQUENCE OF): End Liver Disease PHYSICIAN: MEDICAL CERTIFICATION m on th Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST e has been signed by the attente Dept. of Health and Mental H PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 ₩ YES 2 □ NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State C ltem. HOSPITAL: OTHER: 1 YES 2 NO Nent 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence 6 🗆 Other (Specify) 6 4 - Nursing He 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation NIA. 1 YES 2 NO After the death v BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide ETED. 28t. LOCATION (Street and Number or Rural Floute Number, City or Town, State) DIRECTOR: A hours after d 60 6 Could not be Item 28 4 Homicide determined N. COMPLE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.
2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) FUNERAL WITHIN 72 P IMPORTANT: If 296. SIDNATURE AND TITLE OF CERTIFIER BE 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE 분 193 8/19 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 % 2 Baltimore 5+. MO Iseen 10 21204 31. DATE FILED (Month, Day, Year) AUG 21 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE OF	DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)	Danald Will.		:00 0		2. DATE OF DEATH MONTH D	AY	YEAR	TIME OF DEAT	Ή
	4. SOCIAL SECURITY NUMBER 5.	Donald Willo				AUGUST 18	1993		7:40	PM
	015 06 4400	SEX 6. AGE (In yrs. lest		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Fo	
3	9a. FACILITY NAME (If not institution, give street			b. CITY. TOWN O	R LOCATION OF DE	6 - 8 - 193	2 9c. COUNT		larylan	<u>d</u>
DIRECTOR	THE JOHNS HOPKINS H		100		RE CITY		100	IMOR		
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATI	ION			10	d. INSIDE CITY	
	Maryland Bar 100. STREET AND NUMBER	ltimore				rdalk		1	☐ YES 2 [X	NO
FUNERAL	7825 St. Gregory	Drivo		10f.	ZIP CODE	21222			State	
5	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S. ARM		13. WAS DECE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		4. RACE -	American India	
ΒY	1 Never Married 2X Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 No. IF YES, GIVE WAR OR DATES	0		2 X NO Specify	n, Puerto Rican, etc.)		Black, V Specify:	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	(Gh	ve kind of work	UAL OCCUPATION done during mos	N at of working	16b. KIND OF BU	SINESS/INDU	STRY		
1 1	Elementary/Secondary (0-12) c. 12th Grade	ollege (1-4 or 5 +)	Do NOT use re			000	مان المائد			
8	17. FATHER'S NAME (First, Middle, Last)		174	uck Dri		ME (First, Middle, Maiden	struct	<i>lon</i>		
BE C	William Irving G	ill				r Ada Tea	•			
TO B	19a. INFORMANT'S NAME (Type/Print) Wis. Erma E. Gill	104	MAILING AD	DRESS (Street an		Poute Number, City or Tow		ode)		
			7825	St. Gre	gory Dri	ive Balti	nore,	Mary	land :	21222
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal	from Stata 20b. PLACE AI cometery, gren	NO DATE OF D	place)	me of	OATE 20c. LO	CATION — CI	ly or Town	, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	ALL	Saint	22. NAME ANI	D ADDRESS OF FAC	21/93				
	· (harlow).	Frate		Duda	-Ruck Fu	ineral Homi ie. Dunda	e of the	unda 21	lk, Thi	2.
	23. PART I. Entar tha diseasea, or com- ahock, or haart fallure. List	plications that caused the dea	th. Do not	antar the mod	la of dying, auci	h as cardiac or resp	ratory arres	it,	Approxima	
	IMMEDIATE CAUSE (Final			1 /		- /			Onset and	Death
	resulting in death) a	A my o tra	phi (Later	·41 S	Clerosis			34	-5
2		TO TO TOTT NO IT CONSEQUE	OENOE OF J.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEC	UENCE OF):							-
S	CAUSE (Disease or injury	DUS 70 (00 10 10 10 10 10 10 10 10 10 10 10 10 1								
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):							
B	d								<u> </u>	
DICAL	PART II. Other aignificant conditions co	intributing to death but not ra	suiting in ti	ha underlying	cause givan in	Part I. 24a, WAS AN PERFOR			RILABLE PRIOR	
ED						1 _ YES 2	M NO		MPLETION OF C FDEATH?	AUSE
Σ								11	YES 2 N	10
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLA	ACE OF DEATH (Che	nck only one)				-
Sic		OSPITAL: Xinpatient 2 - ER/Outpatient 3 (THER:		8 Other (Specify)				\neg
E	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	IRY AT	28d. OESCRIBE HOW I	NJURY OCCU	REO		\neg
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 YI	ES 2 NO					
COMPLETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, stree	et, factory, offica		28f. LOCATION (Street a City or Town, State)	and Number or	Rural Rout	e Number,	
<u> </u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowledge, des	th occurred at	t the time, date a	and place, and due	to the cause(s) and mar	ner as stated			
ŏ O	one) 2 MEDICAL EXAMINER: O	n the beals of examination and/or in	ivestigation, in	n my opinion, de	ath occured at the	time, data and place, an	d dua to the	cause(a) an	nd manner as st	ated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICENSE NUM	IBER	29d. DATE S	BIGNEO (Mo	onth, Day, Year)	_
2	Jonny Ht) M.	D.		J622	8	▶ 8-	-18-	43	
	30. NAME AND ADDRESS OF PERSON WHO CO		27) (Type, Prin			6. 4	0100=			
1	Jong Ho, Johns	Hopkins Hospit	21	Bultin	hore	MD	21287			
9	AUG 2" 0"1993	32. HEGISTRAP'S SIGNATURE	ndelle							



FOR

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH				
	Lyd:		e G	ass			4 19						
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year		8. BIRTHI Country	PLACE (State or Foreign				
	410-03-6188	1 M 2 K F	86 YRS.	MONTHS DAT	78 HOURS MIN.	5-16-19		Te	•				
	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOV	VN OR LOCATION OF D			UNTY OF DE	2222				
DIRECTOR	Pleasant Livir	ng N.H.		Edgev	vater Md		An	ne A	rundel				
ਹ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		140. 017	Y. TOWN OR LO									
E	3113 5200			.,					10d. INSIDE CITY LIMITS?				
	MD Anne	Arundel	Ed	rewate					1 YES TO NO				
FUNERAL	IND DECISION NAMED OF PROPERTY.	_			10f. ZIP CODE				HAT COUNTRY?				
N.	Washington 11. MARITAL STATUS	AVenue			21037			USA					
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No-	14. RACE Black,	 American Indian, White, alc. 				
BY	3 X Vidowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	10	YES NO Speci	ty:		Specify					
	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	ISSUAL OCCUR	MILON	16b. KIND OF	DISCUSSOO (IN		hite				
E	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of life. Do NOT u.	vork done during	most of working	166. KIND OF	BUSINESS/IN	DUSTRY					
P.	12	College (1-4 or 5+)	Tea	acher		Educa	tion						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S N	AME (First, Middle, Maid							
E	(unk) Phifer				Amai	7 /							
00	19a. INFORMANT'S NAME (Type/Print)		105 MAII INC	ADDRESS (C)	set and Number or Rural	CL1121		4 90					
2		· 0.5											
	Anna Mae Stat		b. PLACE AND DATE		Road, 1				037				
	204, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		metery, crematory or o	ther place)		1	LOCATION -		rn, State				
	21. SIGNATURE OF FEMERAL SERVICE LIC		LYO U.M.		Cemeter		layo,	Md					
	Hardesty Funeral Home												
	Dalan)	1 Way		H	ardesty 2 Ridgel	Funeral	Home)					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
IL CERTIF	that initiated events resulting in death) LAST	d			ying cause given in	Part I. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FIND				
N: MEDICAL							ORMED? 2 ☑ NO		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 700				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	neck only one)							
Si	1 TES 2 NO	1 @ Inpetient 2 ER/Out	petiant 3 🗆 DOA	4 Wursing H	fome 5 - Rasidence	8 Other (Specify)							
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OC	CURED					
BY	1 Millirel 5 Pending 2 Accident Investigation				YES 2 NO								
ETED E	3 Suitcide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	Y — Al home, larm, a cify)	treet, lactory, o	office	261. LOCATION (Stre City or Town, Str	et and Numbe ite)	er or Rural Ro	oute Number,				
COMP	One) /2 MEDICAL EXAMINE	CIAN: To the best of my know							and manner as stat				
TO BE	295. SIGNATURE AND TITLE OF REPRINE	COMPLETED PAUSE OF THE	ATH STEP 270 /	Christ 1	29c. LICENSE NU	314	29d. DAT	S (17)	Month, Day, Year)				
	20 5 Ridgy	AUL A	man	alis	mn.	1401	900	ngo	a Sama				
17	21100 0 0 1000	ST REGISTRAN'S SIGN	70					- 1					

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHY

After the

FUNERAL DIRECTOR: J within 72 hours after of

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31. DATE FILED (Month, 'Day, Year)

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CSICIAN: The law requires that the death cert	cate	State	1600
CIA	ertifi	the	
N. H.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	with the State Dept. of Health and Mental Hygiene prior to bu	though on them 20 about tolines on address described account the marking accompanies to a safety of the

93 24399 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 S 825 p M -adock 210 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year) 11-23-14 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F 78 247-03-8296 S.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR HOSPITAL BALTIMORE RESIDENCE OF DECEDENT MARYLAND 10c. CITY, TOWN OR LOCATION BALTIMORE 10b. COUNTY 10d, INSIDE CITY 1 X XYES 2 NO 100. STREET AND NUMBER 501 E. PRESTON ST. 101, ZIP CODE 21202 10g. CITIZEN OF WHAT COUNTRY? APT. 609 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 5 th CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DUFFIE HIGGINS BESSIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) FLOSSIE HIGGINS 501 E.PRESTON BALTIMORE. MD 21202 20a. METHOD OF DISPOSITION
1 XBurlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE "GARRTSON" FOREST 8-20 OWINGS MILLS, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH FH. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 15 min Ne PHYSICIAN: MEDICAL CERTIFICATION SD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 U YES NO me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 COMPLETED 6 Could not be item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 品

C 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 01 32. REGISTRAR'S SIGNATURE Julia Davidson

BALTIMORE, MARYLAND 21215-0020	the hospital or attending physician.	detached for use as the burial-transit p
MARY	retained by	5 should b
IMORE,	Page 6 may be	director, page
BALT	irs after death.	n by the funeral removal.
4	100	filled I
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	L DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p tours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION	L DR ATTENDING PH	L DIRECTOR: After this hours after death wi

1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF D
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH REG.		6440
TTEMS: 23 PART	1, 2/, 28a-T, PER MEU FILM G-/U3 9/1/93 t.t	0.2	2441

	1. DECEDENT'S NAME (First, Middle, Lest)		OLNI	TICALE O	PEATH	I a DATE	OF DEATH	_	A THE OF BEATH
	FRANKLIN	L.		HANSON		MONT	'H DA'		993 3:20
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthd			7. DATE	OF BIRTH		I. BIRTHPLACE (State or Forei Country)
	218-46-4684	1 M 2 F	42 YR			5-	-26-	51	Md
5	99. FACILITY NAME (If not institution, give at 4313 LIBERTY I		AVENUE		TIMORE	DEATH		9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	TEIGHIS .	AVENUE	DAI	TIMORE				
JE,	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN OR LO					10d. INSIDE CITY
	10e. STREET AND NUMBER			DALT	moke	,			1 VES 2 N
2	4 49 . 44 /	oty Ha	+		10f. ZIP CODE	100		10g. CITIZE	EN OF WHAT COUNTRY?
FUNEHAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		DECENDENT OF HISP			or No- 1	4. RACE — American Indian
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 NO		Specify Cuben, Maxie ES 2 NO Spec		Rican, atc.)		Black, White, atc.
ED B	15. DECEDENT'S EDU	CATION	7-7/	T'S USUAL OCCUPA	ATION	100	. KIND OF BUS	INESS /INITAL	BLA
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done during use retired.)	most of working	161			
COMPLET			IN	SPec	FOR	A	RMY-	CO	Re ENGI
	17. FATHER'S NAME (First, Middle, Last)	141 41-	011		16. MOTHER'S N	NAME (First,			11=
BE	19a. INFORMANT'S NAME (Type/Print)	HANS		NG ADDRESS (C.	et and Number or Rura	> /+	Ed/	NON	402
2	SHELLA AL	LERMA	N 39F	6 Ken	IVON A	ve 2	1212	P. State, Zip C	LI to And
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	word from State	20b. PLACE AND DA		(Name of	DA	E 20c 400	ATION — CI	ty or Town, State
	4 Donation 5 Other (Specify)		C K D V	VS VILLE	2 Md	8	24 CK	DWN	SVILLE N
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	- 1-	22. NAME	AND ADDRESS OF F	FACILITY	ORTON	1+50	NS FH
	23. PARTI. Enter the diseases, or	1 m	Orton	178	ILAUR	Cen.	55+1	BALT	0 NIA 212
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):					
ERT	resulting in death) LAST	d							
	PART il. Other algnificant condition	na contributing to d	eath but not resulting	g in the undarly	ing cause given i	in Part I.	24a, WAS AN		24b. WERE AUTOPSY FIN
EDICAL							PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CA
MED							~		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
HYS	27. MANNER OF DEATH	28e. DATE OF IN		TIME OF 28c.	ome 5 Rasidence	1	SCRIBE HOW IN	JURY OCCU	PRED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 8–19–93	(Vear)	INJURY	WORK?	UNKNO	10000		
	3 Suicide 8 Could not be	28e. PLACE OF I	INJURY - Al home, far		fice	28f, LO	ATION (Street a	nd Number or	Rurel Route Number, IBERTY HEIGHTS
ETE	4 Homicide determined	FOUND A				BALTI	MORE, MC) ,	
COMPLET			y knowledge, death occ						
3	2 MEDICAL EXAMINE		mination and/or investig	mon, in my opinior			and place, and		cause(a) and manner as sta
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	41 -	LD Q		29c. LICENSE N				SIONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	The second second		/pe, Print)	1 0.C.N	M.E.		0	8/20/1993
	THEODORE MI	Kint	111 Pe	nn Str	eet, Bal	ltimo	ore, M	Maryl	and 2120
1	31. DATE FILED (Month, Day, Year)	32, REGISTRAR	'S SIGNATURE					-	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			Andrews and								_	HEG. NO.			
		1. DECEOENT'S NAME (First									2. DATE (OF OEATH	AV	YEAR	3. TIME OF OEATH
	1		lma	М.			Hone	ywe]				st 13		03	1:30 P M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rrs. last birthday)	-		IF UNDER		7. DATE C	F BIRTH Day, Year)		S. BIRTH	PLACE (State or Foreign
- Cha		225 66 5658		1 🗌 M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.				Country	**
COURT IN	- 3	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATN	14 18	9c. COUN	TY OF D	gylvania
	DIRECTOR	1919 Henry	Road				Rocl	cvil	le				Mont		
	5	RESIDENCE OF DEC									120110				
	2	10a. STATE	10b. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS?
E.		Virginia		fax		Fa	lls	hur	ch					- 1	1 YES 2 NO
permit	Z.	10e. STREET AND NUMBER						10	f. ZIP COD	Ε			10g. CITIZ	EN OF W	HAT COUNTRY?
DZO physician. burial-transit	FUNERAL	6803 Kenfi	gDrive	2					220	042				USA	7
UZO physician. burial-trar	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.	WAS DEC	CENOENT C	OF NISPAN	VIC ORIGIN?	(Specify Yes	or No-	14. RACE	- American Indian,
	BY i	1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE V					2 NO		in, Puerto Rí y:	can, atc.)		Specif	y:
onding as the															White
=	ETED	15. DEC (Specify ont	EDENT'S EDU	CATION completed)	18	Give kind of	work done	CCUPATIO	ON ost of worldr	ng	16b.	KIND OF BUS	SINESS/INDU	JSTRY	
ital or	۳	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	life. Do NOT L									
AND the hospit detached once.	COMPL	12				Homem	aker					Own 1			
the hor detach	8	17. FATNER'S NAME (First, M	liddle, Last)						18. MOTI	NER'S NA	ME (First, M	iddle, Maiden	Sumame)		
S P P P	BE	Otto Frey									Hoffm				
MAKYL retained by the 5 should be notified at	6	19a. INFORMANT'S NAME (7				19b. MAILIN	3 ADDRES	S (Street a	and Number	or Rural I	Route Numbe	r, City or Town	7. State, Zip (Code)	
63 45	-	George Hone				Sam	e as	ite	m 10	a-f					
ALLIMORE, death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITE 1X Burlet 2 Cremetto	ION on 3 - Reme	oval from State		ACE ANO DATE		ITION (Ne	eme of		OATE	20c. LO	CATION C	ity or Tox	wn, Stata
ge 6 lirecti		4 Donation 5 Other	(Specify)		-/ Na	tional	Mem.	Par	rk		8/1	8 Fall	ls Church Virginia		
al cal cal		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAME AND ADDRESS OF FACILITY								
DALIIN after death. Pag y the funeral di moval. cal examiner	1	Tiva	LA VIE	1 (/.	16										22046
24 hours after death. Page 6 m. filled in by the funeral director, on, or removal.		27. PART I. Enter the di	Iseases, or o	omplications the	t caused th	e deeth Do	not anter	the mo	de of du	ISITLI	igton	St Fa	ALLS (unur	ch, VA
hours ed in b or rer		anock, or n	eart tallure.	List only one cau	ise Dn each	Ilna.				ing, soo		ac or reapi	atory arre	Tat.	Interval Between
		MMEDIATE CAUSE (Fin	nal												Onset and Death
within 24 pletely fille cremation, the		resulting in death)	→ .	Carc	inoma	of the	e Ief	t B	reast						1 year
D 0 - 5		a. Carcinoma of the left Breast OUE TO (OR AS A CONSEQUENCE OF): 1 Year												1 1000	
DE DE	N	Sequentially list conditi	lona,	DIJE TO	/OB 46 4 00	Merollewor o		Pi:							
or tion	F	if any, leading to immediate cause. Enter UNDERLYING													
e phy	ERTIFICATION	CAUSE (Disease or Inju that initiated events		oue to	(OR AS A CO	INSEQUENCE O	HT):								_
	E	resulting in death) LAS	т		•										Î
	핑			J											1
	A.	PART II. Other significe	ent condition	s contributing to	deeth but	not resulting	In the ur	derlyin	g ceuse (given in	Part I.	24e. WAS AN		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8 = 8 E	DICAL											1 TES 2			COMPLETION OF CAUSE OF DEATH?
quires that signed Health a	ME														1 YES 2 NO
e law requires has been sign Dept. of Heali	AN:										_			1	_ · · · · · · · · · · · · · · · · · · ·
he la has e De m 2	Ϋ́	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	LACE OF O	EATN (Che	ack only one)	1			
ATTENDING PHYSICIAN: The lan ECTOR: After this certificate has s after death with the State Dep 28 is marked, or item 23	SICI	EXAMINER?		HOSPITAL:	ER/Outpatle	nt 3 🗆 DOA	OTHER		ne 5 JRa	aldence	8 🗆 Other	(Specify)			
SICIA certifich the	Î	27. MANNER OF DEATH		28a. DATE OF		28b. Till	E OF	28c. INJ	URY AT			RIBE NOW IN	JURY OCCL	JRED	
NG PHYS fter this c eath with marked,	۸ ۲	43	Pending Investigation	(Month, D	lay, Ybar)	IN	JURY M		PRK? YES 2	NO					
VDING PAREL death	D BY	2 Sulaida	Could not be	28a. PLACE O	F INJURY —	At home, farm,	street, fect	ory, offic			281. LOCAT	FION (Street a	nd Number o	or Rural Ac	oute Number
TTEN TOR: after	百		detarmined	building,	atc. (Specify)							Town, State)			,
OR ATTENDING DIRECTOR: After hours after death	Ü,	29a. CERTIFIER	TEVINO DUMO				_							_	
보 그 ~ =	COMPLE			CIAN: To the best of											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	8				xamination an	id/or investigatio	on, in my c	pinion, d	leath occur	ed at the	time, data a	nd place, and	due to the	cause(a)	and manner as stated.
H H P P P P P P P P P P P P P P P P P P	BE	290. SIGNATORE AND TITLE	OR DENDRICA	111		0)		29c. LICE	NSE NUN	IBER		29d. OATE	SIGNEO	(Month, Day, Year)
2 2 2 W	0	Tolan		Mac	m	17.1	<u>).</u>		MO	544	9		Au	igust	t 13 1993
	-	30. NAME AND ADDRESS OF													
7		Robert C. Ma		809 Vie	rs Mil	1 Road	Roc	kvil	le,	Mary	land	208	51		
		31. DATE FILED (Month, Day, Year) 32. AEGISTRAB'S SIGNATURE													
		AUG 2	1 1993	Ø	· > -										
-				W							_				DHMH-18 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.	93	5 2	4402		
	1. DECEDENT'S NAME (First, Middle, Las	Richard Fran				2. DATE (OF DEATH	Y	YEAR 3	. TIME OF DEATH	P	
	4. SOCIAL SECURITY NUMBER	5, SEX 8, AGE	TINCK	le		8		+	93	19:45	М	
	219-52-1791	1 📉 M 2 🗌 F	46 YRS. MON	- 12	IF UNDER 24 HRS. HOURS MIN.	01/2	Day Year)		Country)	land	nign	
œ	9e. FACILITY NAME (If not institution, give				R LOCATION OF D	EATH		9c. COUNT	Y OF DEA	TH		
DIRECTOR	Washington Cour		H	agerst	own			ingt	on			
IRE	More Jone			WN OR LOCAT	ION				- 1	Od. INSIDE CITY LIMITS?		
	Maryland Wa	ashington	Han	cock	ZIP CODE			40- OITH		X YES 2 N	10	
FUNERAL	259 N. Pennsylva	ania Avenue		1.0.	21.750			USA	EN OF WA	AI COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED		ENDENT OF HISPA			-	4. RACE -	- American Indian		
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES NO		2 NO Speci		ican, etc.)		Specify:	White, etc.		
	15. DECEDENT'S E	Vietnam	16a. DECEDENT'S USUA	N OCCUPATION	IM .	105	KIND OF BUS	NECC (MIDI		White		
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	fone during mo	st of working	100.	KIND OF BUS	MESS/INDO	31H)			
MP	12		Mechanic			A	utomo	tive				
ខ្ល	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA			,				
H	William Frederic	k Hinckle, Sr			Helen							
요		19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										
		Cynthia D. Hinckle 259 N.Pa. Ave. Hancock, Md. 21750										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Cemestery Control of Cemestery Control of Cemestery Control of Cemestery Cemestery Control of Cemestery											
	23 SIGNATURE OF PUNETIAL DESIGNOS	SCENSSE			D ADDRESS OF FA						-	
	the le	7/10	/	hove F.	H.141 W.M	bin St	POR	v 368 I	-Jamor	L MH 217	750	
No	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. That omy one cause on a	A CONSEQUENCE OF):							Approximate interval Bet Onset and I	ween Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algoriticant conditi	one contributing to death b	out not reaulting in the	a underlying	cause given in		24a. WAS AN A PERFORM 1 YES 2	NED?	CI	ERE AUTOPSY FIND MILABLE PRIOR TO OMPLETION OF CAL F DEATH?	JSE	
AZ	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:	officer 2 DOA 10	HER:	ACE OF DEATH (Ch						\dashv	
Ï	27. MANNER OF DEATH	28e. DATE OF BUILDRY	28b, TIME OF	28c. INJI	5 Residence		(Specify)	JURY OCCU	RED		-	
84	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO						- 1	
- 11	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Af home, ferm, street,	factory, office		28f. LOCAT	TION (Street an Town, State)	et and Number or Rural Route Number, (e)			\exists	
COMPLETED		/SICIAN: To the best of my know NER: On the beele of examination								nd manner ee state	ed,	
מנו	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D											
2	Michael 9	Melowall	M.D.		0410	(67			1.15			
-		Corrack M. A	1799	170 me 1	1 Rou	d	thesen	down	MO	. 21740	0	
	31. DATE FILED (Month, Day, Year) AUG 2.1 19	32. REGISTRAR'S SIGN										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending an

AVG II, I

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

1 3	1 - STATE REGISTRAR		LAND / DEPART				REG. NO.		
11.0	DECEDENT'S NAME (First, Middle, Last	. Dana naon	ni Hull	1.1		2. DATE OF	DEATH DAY	YEAR 3. TIME C	F DEATH
10	Cona	/√aomi	- Hu			08		73	19 Am 1
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	-	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF (Month, D	ay, Year)	8. BIRTHPLACE (Sta Country)	11.7
	220-05-4265 9a. FACILITY NAME (If not institution, give		81 YRS.		HE-W	01/04	 	Marylan	d
стов	Washington Count			Hagers	TOWN	EATH	1111 1	MA CO	
LU I	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSI	
DIR	Maryland Wa	ashington	INA	Shington	Co. H	ancock		1 X YES	2 🗌 NO
ERAL	10e. STREET AND NUMBER				ZIP CODE			EN OF WHAT COUN	
6	_ 504 Quaker Cree	ek			21750		USA		
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (S	Specify Yes or No-	14. RACE — Americ	an Indian,
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES		1 Tyes, spe	2 X NO Specifi		nn, atc.)	Black, White, all Specify:	C.
8								White	
ETEI	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S US	k done during mas		16b. Kii	ND OF BUSINESS/INDI	JSTRY	
1 1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use I			M	<i>C</i> 4	101 - 11-1-	
COMPI	8		Seamstre	ess			nufacture	/Clothin	g
	17. FATHER'S NAME (First, Middle, Last)						fle, Malden Surname)		
	Joseph Divelblis	SS			Carrie				
TO B							City or Town, State, Zip		
	Elwood Hull 209. METHOD OF DISPOSITION						erstown, M		40
	1 A Buriel 2 Cremetion 3 Ret	moval from State	b. PLACE AND DATE OF emetery, crematory or other	DISPOSITION (Nat r place)	me of	OATE	20c. LOCATION — C		
	4 Donation 5 Other (Specify)	ICENSES 1	ono Loway B				Needmore,	PA.	
	The state of the s	NO THE REAL PROPERTY OF THE PER		22. NAME AN	D ADDRESS OF FA	CILITY			
	tuck	SIV Vac	PUP.	Grove F	.H.P.O.Box	c 368 14	1 W.Main St	.Hancock M	1.21750
	23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do not	enter the mod	de of dyling, auc	h aa cerdled	or respiratory arre	est, App	roximete
	IMMEDIATE CAUSE (Finel	List only one ceuse on			- 0				rval Between et and Death
	disease or condition resulting in death)	e. Conges	true Hes	ut I	iluso			14	2 /4.
	resolding in death)	OUE 40 (OR AS	A CONSEQUENCE OF):	0.00					100
ATION		· Pance	eatic (anc	21			111	monols
RTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF			0 4	2 00	50 11	
\ <u>8</u>	CAUSE (Disease or Injury	· Insuli	n Depe	nden	t Deo	bet	es melli	tus III.	years
별	that initiated events resulting in death) LAST	DUE TO (OR AS						11	nhouse
l w l	Totaling in death) Exci	. alleros	cleration	e Hea	it Di	sea	18		7-10-1-10-1
AL C	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying	cause given in	Part I. 24	e. WAS AN AUTOPSY	24b. WERE AUTO	OPSY FINANCE
3	Vybertens	uón					PERFORMED?	AMILABLE	
EDIC	Dillara	steoarch	4.			- 1	YES 2 NO	OF DEATH?	
Σ	- Agrist o.	recoun	uus			-		1 TYES	2 🗍 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T		20 54	ACE OF BEATH (C)				
	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch				
<u>S</u>	- C 100 - M NO	1 Xinpetient 2 ER/Ou 28e. DATE OF INJURY			5 Residence			Intil C	
TYSICIAN:	27. MANNER OF DEATH		INJUR	Y WOF	RK?	28d. DESCHI	BE HOW INJURY OCC	URED	
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)			ES 2 NO				
BY PHY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJUR	V - At home farm			201 1 2245	MI (December 11)		
ED BY PHY	1 Netural 5 Pending	28e. PLACE OF INJUR	tY — At home, farm, stre				ON (Street and Number of own, State)	or Runal Route Numbe	oc,
TED BY PHY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Sp.	ecify)	et, factory, office		City or To	own, State)		vc.
TED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only	28e. PLACE OF INJUR building, etc. (So	wledga, dasth occurred :	et, factory, office	and place, and due	City or To	own, State) s) and metiner ee state	d.	
MPLETED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the bast of my knor IER: On the basis of axeminati	wledga, dasth occurred :	et, factory, office	and place, and due	City or To	own, State) s) and metiner ee state	d.	
MPLETED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the bast of my knor IER: On the basis of axeminati	wledga, dasth occurred :	et, factory, office	and place, and due	to the cause(i	s) and menner ee state d place, and due to the	d. cause(s) and mann SIGNED (Month, Da)	or as stated.
BE COMPLETED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TIFLE OF CERTIFIER AND AND AND AND AND AND AND AND AND AND	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the bast of my knor IER: On the basis of axaminati	wledge, death occurred on and/or investigation,	et, factory, office at the time, data in my opinion, de	and place, and due	to the cause(i	s) and menner ee state d place, and due to the	d, cause(s) and mann	or as stated.
BE COMPLETED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE MALE 30. NAME AND ADDRESS OF PERSON W	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the bast of my knor IER: On the basis of axeminati	wiedge, dasth occurred on and/or investigation,	et the time, date in my opinion, de	and place, and due eath occurred at the 29c. LICENSE NUM D 3/5	to the cause(itime, data and iBER 3 7	s) and menner ee state if place, and due to the 29d. DATE	d. cause(s) and mann SIGNED (Month, Ds)	or as stated. (, Year) 993
TED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only	28e. PLACE OF INJUR building, etc. (So	wledga, dasth occurred :	et, factory, office	and place, and due	City or To	own, State) s) and metiner ee state	d.	

TO BE COMPLETED BY FUNERAL DIRECTOR

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	Щ	P	afte
	3 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after d	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the	urs after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Lest)						DEA		2. DATE OF I	DEATH			3. TIME OF DEATH
Ruth Naomi	HER	RTZFELT						08	1 7		YEAR	7:40 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF B	иятн		8. BIRTHP	LACE (State or Foreign
212-20-7333	1 M 2/XF	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.		913	Country)	rvland
9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY	, TOWN E	R LOCATI	ON OF DE			9c. COU	NTY OF DE	ATH
Franklin Square Ho	spital				Ross	svil	le			BAI	LTIMO	RE
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			too CIT	Y, TOWN C	20.10047	1011						
5			IOC. CIT				_					IOd. INSIDE CITY LIMITS?
Maryland Ba	ltimore					oint				40.00		YES 2 NO
1046 Old North	Doint D	d /Eac	tnoin	+ M			224					IAT COUNTRY?
1046 Old North	12. WAS DECEDEN							IIC ORIGIN? (S	and Man		SA	- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2	NO		If yes, sp	ecity Cubi	m, Mexica Specify	n, Puerto Rican	, etc.)	or No.	Black,	White, etc.
3 📉 Widowed 4 🗌 Divorced	11 120, 0112	- IT OIL DAILES			I L TEG	₩.	Speciny	<i>'</i> -			Specify.	WHTTE
15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON and working	200	16b, KIN	O OF BUS	INESS/IN	DUSTRY	MHTIE
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of v life. Do NOT us									
6th grade		Hor	<u>memake</u>	r/Re	cept	_					eral H	lome
17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle		Surname)		
William Kraft								n Kreil				
19a. INFORMANT'S NAME (Type/Print)								Route Number, C	,	,,,	,	
Mrs. George Bartra	ım						Balt	imore,				
III. C Double F C Clementon 3 - Helling	oval from State	cemetery,	CE AND DATE C	ther place)			8-19	DATE			City or Tow	
4 Donation 5 Other (Specify)	ENSEE C	- IPark	wood C						Ba.	Ltimo	ore, I	Maryland
		/						Home				
- Lassehn Fue								. Balti			-	nd 21236
23. PART I. Enter the diseases, Dr c shock, or heart failure. I	omplications that list only one cau	it caused the use on each il	death. Do n	not anter	tha mo	da of dy	ing, suci	h as cardiac	or reapii	ratory ar	reat,	Approximata interval Between
IMMEDIATE CAUSE (Final												Onset and Death
disease or condition resulting in death)		rdial I										
		(DR AS A CONS		•								
Sequentially list conditions,		Sinus S										
If any, leading to immediate cause. Enter UNDERLYING	_											
CAUSE (Disease or Injury that initiated events	Conge:	Stive H	LEART OF	Fail:	ure							
resulting in death) LAST												
PART II. Other aignificant conditions									PERFOR		1	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Fecal Impaction	Chron:	ic, Sen	ile D	emen	tia,	Rec	urre	nt 10	YES 2	K) NO		COMPLETION OF CAUSE OF DEATH?
Urinary Tract 1	Infection	ns, His	tory	of P	u1mo	nary	Emb	olism			1	YES 2 NO
AE MAD CASE DEFENDED TO MADE I												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7		OTHER		ACE OF D	EATH (Che	ack only one)				
1 VES 2 NO 27. MANNER OF DEATH				4 🗆 Nun	sing Hom		esidence	6 Other (Spi				
1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIMI	E OF URY		RK?	7.00	26d. DESCRIE	E HOW IN	IJURY OC	CURED	
2 Accident Investigation	200 PLACE O	F INJURY — At	h.m. f			7ES 2	NO					
3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	nome, tarm, s	street, fact	ory, office			281. LOCATIDE	vn, State)	nd Numbe	r or Runii Ro	ute Number,
29a. CERTIFIER	Cally Sound			_								
(Check only 1 CERTIFYING PHYSIC												
		xamination and/o	or Investigatio	n, In my o	pinion, d	eath occur	red at the	time, date and	place, end	due to ti	he cause(s)	and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1	1				29c. LICI	ENSE NUN	IBER		29d. DAT	E SIGNED (Worth, Day, Year)
1 - 1/1/	Maria	2 m	2)			D	70-	74L			0-17	-02
30. NAME AND ADDRESS OF PERSON WHE	W V C	- MV	2.				1	1			0 1	-93
Dr. Miranda M.I		SE OF DEATH (IT	TEM 27) (Type,		Ва	lto.	, MD	2123	7		0 11	-93

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEMBER 18 MARIE 18 MARIE 18 MARIE 1 MARIE 1 MARIE 1 MARIE 1 MARIE 18 MARI				CATE OF	DEATH		REG. NO.			
ROY	" ER\	JIN		НОГ	JK	MO	TE OF DEATH		YEAR	3. TIME OF DEATH
I. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 I		TE OF BIRTH	199	BIRTHE	2:40 A N PLACE (State or Foreign
245-38-8838	1 M 2 D F	62	YRS.	MONTHS DAYS	HOURS M		2/25/31		Nort	h Carolina
Da. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUN		
N. CAROLINA F	REIGHT							PRI	NCE	GEORGES
Ide. STATE 10b. COUN			10c. CITY	TOWN OR LOCA						10d. INSIDE CITY LIMITS?
North Carolina	Lincoln				olnton					1 TES 2 NO
0e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZ		HAT COUNTRY?
2502 Brook Ho	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS DE	2809:		GIN? (Specify Yes	or No.	USA	— American Indian.
Never Married 2 Married Widowed 4 Divorced		YES 2 THE OR OATES		If yes, sp	ecify Cuban, M	exicen, Puer			Black, Specify	White, etc.
15. DECEOENT'S ED (Specify only highest gra-	DUCATION de completed)	(Give kind of w	JSUAL OCCUPATI	ON ost of working		16b. KIND OF BUS	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	le. Do NOT use	k Drive	r	Yell	Trans	ortat	-ion	
7. FATHER'S NAME (First, Middle, Last)			TLUC	A DIIVE	7	S NAME (Fire	I. L. G. I. I. S.		LOH	
G. St	teve Houk						Bridges			
9a. INFORMANT'S NAME (Type/Print)		1		ADDRESS (Street						44
Joanne Houk				Brook :						
to, METHOD OF DISPOSITION Burlel 2 Cremation 3 Re Donation 5 Other (Specify)		cemetery, cr	rematory or olf	FDISPOSITION (N ner plece) Lawn Cei		1		cation — c nco1n		nty, N.C.
H. SIGNATURE OF FUNERAL SERVICE									0000	//
23. PART I. Enter the diseases, or	margell	t caused the d	leath. Do n	3981	Carro	Liton	Marzull Rd., U	lo Fur	neral	Service 21155
23. PART I. Enter the diseases, or abock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	r complications the e. List only one cau	t caused the dise on each lin	le.	3981 ot enter tha mo	Carro	Liton such as c	Marzull Rd., Un	lo Fur	neral o, Mi	Service 21155 Approximate Interval Between
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	r complications that control one cau a. DUE TO	teusc	Les EQUENCE OF	3981 ot enter the mo	Carro	Liton such as c	Marzull Rd., Un	lo Fur	neral o, Mi	Service 21155
ahock, or haart failure ahock,	a. DUE TO	teus (or as a consi	EQUENCE OF	3981 ot enter tha mo	Carro	Liton such as c	Marzull Rd., Un	lo Fur	neral o, Mi	Service 21155 Approximate Interval Between
ahock, or heart failure ahock,	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSI	EQUENCE OF	3981 ot enter tha mo	Carro	Liton such as c	Marzull Rd., Upardiac or reapi	LO Fur ppercoratory array	neral	Service 21155 Approximata Interval Between
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abock, or haart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions is was case reference to medical.	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSI	EQUENCE OF	3981 ot enter tha mo	Carro	I 1 ton such as c	Marzull Rd., Un ardiac or reapi	LO Fur ppercoratory array	neralo, MI	Approximala Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ahock, or haart failure ahock,	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSI	EQUENCE OF	3981 ot enter tha mo	Carro ode of dying.	1 1 ton such as c	Marzull Rd., Un ardiac or reapi	LO Fur ppercoratory array	peralo, MI	Approximala Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
abock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions EXAMINER?	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. LISSPITAL: 1 Inpatient 2 280. DATE OF (Month, D	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI deeth but not	EQUENCE OF	3981 ot enter tha mo it is a second of the	Carro ode of dying.	n in Part I.	Marzull Rd., Un ardiac or reapi	AUTOPSY HOPE	24b.	Approximala Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
abock, or haart failure abock, or haart failure about the failure	a. DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpetient 2 280. DATE OF (Month, D) 280. PLACE OF	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI deeth but not	EQUENCE OF EQUENCE OF Tesulting is	3981 ot enter tha mo control of the underlying th	Carro Date of dying, Carro Lace of Dear Carro	In In Part I.	Marzull Rd., Un ardiac or reapi 24a. WAS AN PERFOR 1 Ves 2 Heave	AUTOPSY MED? FRUCK NUMBER OCC	24b. CING	Approximala Interval Between Onset and Death Death Onset and D
abock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition EXAMINER? YES 2 NO	a. DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient 2 28e. PLACE Of building.	(OR AS A CONSI (OR AS A CONSI	EQUENCE OF ED EQUENCE OF EQUENCE OF EQUENCE OF EQUENCE OF EQUENCE OF EQUENCE	3981 ot enter the model of the underlying the unde	Carro ode of dying. Clock Green Clock Gr	n in Part I. H (Check only) 286. I. 287. L. d due to the	Marzull Rd., Un ardiac or reapi 24a. WAS AN PERFOR PERFOR OCATION (Street a lifty or Town, Stete) couse(e) end mar	AUTOPSY MAD TRUCK NUMBER OF RUCK NUM	24b. ZAB. ZAB.	Approximala Interval Between Onset and Death Death Onset and D

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Morith, Day, Year)
AUG 2 0 1993

DHMH-16 Rev 1/89

Auteintenta Codinatala Procon

BALTIMORE, MARYLAND 21215-0020

	sit permit. Pages 1, 2, 3 should		
be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		ed at once
n. Page 6 may be retaine	aral director, page 5 shou		f. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
thin 24 nours after death	stely filled in by the fune	mation, or removal.	it the medical exam
ertificate be executed wil	ng physician and comple	giene prior to burial, cre	other traumatic ever
he law requires that the death or	in signed by the attendi	the State Dept. of Health and Mental Hygien	nows any injury or
PHYSICIAN: The law re	this certificate has bee	h with the State Dept. o	arked, or item 23 st
THE HOSPITAL OR ATTENDING PHYSICIAN: The IN	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the St.	S
O THE HO	THE FUI	e filed wit.	MPORTA

6

	Item19b,Film702,8/2	0/93,1t						01106
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND CATE OF DEATH	MENTA	L HYGIENE REG. NO.	93	3 24406
	1. DECEDENT'S NAME (First, Middle, Last) NORMA A	HUCKE			2. DATE	OF DEATH	ğ	3. TIME OF DEATH
	215 M C711	5. SEX 8. AGE (II		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE	OF BIRTH		BALTO MO
FOR		RAN HOME	9	BALTO , MD	DEATN		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY	ALTO	tOc. CITY,	TOWN OR LOCATION BALTO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	LD RD		10f. ZIP CODE	7	1		OF WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER IN FORCES? 1 \(\subseteq \text{ YES} \) IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF NISP If yea, specify Cuben, Mex. 1 YES 2 NO Spe	Icen, Puerto	N? (Specify Yee or Rican, etc.)	No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S US	BUAL OCCUPATION k done during most of working retired.)	16b	. KIND OF BUSIN	I ESS/INDUST	
COMPLETED	Elementary/Secondery (0-12) unknown	College (1-4 or 5+)	MANA			Adverti	ising/	'Insurance
	17. FATNER'S NAME (First, Middle, Last)	UCKE		ts. MOTHER'S I	NAME (First,	Middle, Malden Sur	mame) 15E	
TO BE	19e. INFORMANT'S NAME (Type/Print)		196. MAILING AI	DDRESS (Street and Number or Run	Aoute Num	he Cin Town !	Chain Zin Con	io)
	John Macfarlane 20e. METHOD OF DISPOSITION 1 Q-Burtel 2 Cremation 3 Remov		PLACE AND DATE OF	ynfield Road S	altim		The second second	G-21734 or Town, State
	4 Donetion 6 Other (Specify)	Lo	oudon Par	k S	3-17-9	3 Balt	., MD)
	Hand	Itakı		Harry H Witz	ke Fu			
	23. PART i. Entar the diseases, or op shock, ps/heart failure. Li	mplications that caused	tha death. Do not	4112 Columbi	ta Pik	diac or respirat	ott C	ity MD 21043
- 1					ocii es care		bry arreat,	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mota	Ratio	cence			ory arreat,	Approximata intarval Batween Onset and Daath
NOI	disease or condition resulting in death) Sequentially list conditions,	Mota DUE TO (OR AS A	4 1				ory erroat,	intarval Batween
TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				or y arreat,	interval Batween
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	Cenco	7		or arreat,	interval Batween
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	Cenco	7	24a. WAS AN AUPERFORME 1 YES 2	TOPSY	interval Batween
O	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	Cenco	7	24a. WAS AN AU PERFORME	TOPSY	Interval Batween Onset and Daath Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
O	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONTributing to death but	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in	the undariying cause given i	in Part I.	24a. WAS AN AUTPERFORME 1 YES 2	TOPSY	Interval Batween Onset and Daath Onset and Daath 24b. WERE AUTOPSY FINDINGS AWALLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	THER:	in Part I.	24a. WAS AN AUPPERFORME 1 YES 2 Department	TTOPSY ED?	interval Between Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (1 MO	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in	the undariying cause given in 26. PLACE OF DEATN (C	in Part I.	24a. WAS AN AUPPERFORME 1 YES 2 1	TTOPSY ED?	interval Between Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER DE DEATN 1 Matural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the consequence of the consequence	Rhe undariying cause givan i	in Part i.	24a. WAS AN AUPPERFORME 1 YES 2 Department	TOPSY D? NO	interval Between Onset and Daath 24b. Were Autopsy Findings AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER DE DEATN 1 Watural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the consequence of the consequenc	Rhe undariying cause givan i	In Part I.	24a. WAS AN AUPERFORME 1 YES 2 OF (Specify) SCRIBE NOW INJUITATION (Street and or Town, State)	TOPSY DO? NO JRY OCCURE Number or Ri r ea stated.	Interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LATO 27. MANNER DE DEATN 1 Astural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CETIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CETIFIER	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the second of the second o	the undarlying cause given in the time, date and piace, and do in my opinion, death occured at the time of the tim	In Part I.	24a. WAS AN AUPERFORME 1 YES 2 OF (Specify) CRIBE NOW INJUINATION (Street and or Town, State) Jee(e) and manner and place, and de	TOPSY DO? NO JRY OCCURE Number or Ri r ea stated, us to the cau	Interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LATO 27. MANNER DE DEATN 1 VES 2 LATO 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LATO 29. CERTIFIER (Check only one) 20 MEDICAL EXAMINER:	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the second of the second o	the undarlying cause given in the time, date and piace, and do in my opinion, death occured at the time of the tim	In Part I.	24a. WAS AN AUPERFORME 1 YES 2 OF (Specify) CRIBE NOW INJUINATION (Street and or Town, State) Jee(e) and manner and place, and de	TOPSY DO? NO JRY OCCURE Number or Ri r ea stated, us to the cau	interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

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TEXTER BY WAR BASH- HALLE

ian. -transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hospital or attending physicis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-t	for to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any in

STRAR CERTIFICATE OF DEATH REG. NO.	E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	STRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	DAY YEA	3. TIME OF DEATN
	Melvin	I may a	Jones			08 1	6 1993	
	248-34-4652	7∰ _{M2□} 68		UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Mertil Day Year) 12-8-2	4 8. BI	S.C.
œ	9a. FACILITY NAME (If not institution, give	street end number)	96.	CITY, TOWN OF	LOCATION OF D	EATN	Sc. COUNTY C	F DEATN
01.	Johns Hopkins	Hospital	1	Baltim	ore Ci	ty		
DIREC	MARYLAND 106. COUNT		BALT.	I MORE	ON	11-0 B		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
FUNERAL DIRECTOR	5275 CEDONIA A	VENUE		10f.	21206		UN I TE	D STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed MD Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 X NO	If yes, spec		NIC ORIOIN? (Specify Yearn, Puerto Rican, etc.) y:		ACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 4 TH	UCATION 16 completed) College (1-4 or 5+)	Se. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most		16b. KIND OF BU	ISINESS/INDUSTR	Y
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHNNIE JONES					GASTON J		
TO B	MARION KEARNEY		196 MAILING ADD	CEDONI	Aumber of Burn	TOUR NUMBER CITY OF TO	MORE,	MD 21206
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State cemete	ACEAND DATE OF DI O, Cremetory of other I O SHELL	YEMORI 22. NAME AND	AL GAR	DENS8/19		NORTH AVE.
	23. PART I. Enter the diseases, or	complications that saves the	The addition of					Approximate
CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A CC DUE TO (OR AS A CC DUE TO (OR AS A CC	ONSEQUENCE OF):			culer C		Interval Between Onset and Death
CERT	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	na contributing to death but	not reaulting in th	ne underlying	cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Ch	eck only one)		
SIC	1 XYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 DOA 4 D	THER: Nursing Nome	5 🗆 Residence	8 ☐ Other (Specify)		
ВУ РН	27. MANNER OF DEATN Natural 5 Pending Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	25b. TIME OF INJURY	26c. INJU WOR M 1 VI	K?	28d. DESCRIBE NOW	INJURY OCCURED	
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	t, factory, offica	13-01	281. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED		SICIAN: To the best of my knowledger. On the best of examination or						se(a) end menner as stated.
BEC	290. SIGNATURE AND TITLE OF CENTIFIE	m / _ L "	hn		29c. LICENSE NUI			NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	whe !	(4)		O.C.M	I.E.	08/	17/1993
	JLARON L	ocke, MP 1	11 Penn		et, Bal	timore,	Maryla	and 21201
9	AUG 1 9 1993	Julia Davidson	Pronto 00					18 155



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Liest)				2. DATE OF DEATH	Y YE	3. TIME OF DEATH
	MILLARD R. JANNEY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (6)				MONTH 9	7 93	3 0830 M
	218-42-6444 ¹™™2□F	yrs. last birthday) 47 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) January 2.		BIRTHPLACE (State or Foreign Country) Maryland
_	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	CHURCH HOSPITAL		BALTIM	ORE		Ba!	ltimore City
IRE	Maryland Baltimore City	10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	M.D. Addition Baltimore City 10. STREET AND NUMBER			Baltin	more		1 X YES 2 NO
FUNERAL	21 N. Rose St.		101	21224	1	0.0	ed States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, DIVE WAR OR DATI	2 X NO	it yes, sp	ecity Cuben, Mexical NO Specify	IC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed)	6a. DECEDENT'S	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUST	RY
PE	Elementary/Secondary (0-12) College (1-4 or 5+) Unknown		nt Finis!			onstruc	tion
Ö	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		.01011
BE	Walker R.		nney	Marga	aret I	Corrain	
2	190. INFORMANT'S NAME (Type/Print) Walker R. Jannev				oute Number, City or Town		
	Control of the Contro		Dali Dala DEDISPOSITION (Na		PATE 200 LO	CATION — City	21060
	Removal from State comete	ery, crematory or o	ther place)		8/20/93		
	21. SIGNATURE OF FUNERAL SERVICE LICENSIES	-acxowl I	22. NAME AN	D ADDRESS OF FAC	CILITY		dge, MD
	Stole & Johnson		McCt 320	ılly Fune 4 Mountai	eral Home o	of Pasa	dena MD 21122
	23. PART i. Enter the diseases, or complications that ceused ti shock, or heert failure. List only one ceuse on each	he death. Do r	ot enter the mo	de of dying, auch	as cardiec or respin	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition reaulting in death) OUE TO (OR AS A CO	e Lic	eer De	sease	/Failur	e	Interval Batween Onset and Death
i	OUE TO (OR AS A C	ONSEQUENCE OF	ን፡	1			1,5
ON O	Sequentially list conditions, DUE TO (OR AS A CO	ONSEQUENCE OF	D:				
CAT	ceuse. Enter UNDERLYING		,				į į
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF	ገ ፡				
CERTIFICATION	d						
	PART II. Other significant conditions contributing to death but The Roal Prende	not resulting i	n the underlying	cause given in i	Part I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
DICAL	- Mitatroal French	rua			t TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME					_		1 [] YE\$ 2 [] NO
AN	25. WAS CASE REFERRED TO MEDICAL		00.04	105 05 051711 101			
Sici	EXAMINER? t ☐ YES 2 ☐ NO	ant 3 DOA	OTHER:	ACE OF OEATH (Che			
Ě	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ		28d. OESCRIBE HOW IN	JURY OCCURE	
BY	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ		RK? ES 2 NO			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, s	treet, factory, office		28t, LOCATION (Street a: City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one)						
S	MEDICAL EXAMINER: On the baels of examination at	nd/or investigatio	n, in my opinion, de	eath occured at the t	lme, date and place, and	due to the cau	use(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Wed - J	iecion	cist	29c LICENSE NUM	BER 35%	29d. DATE SIG	NED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH W WAVARW 100 N. B	1 (ITEM 27) (Type,	Print)	Boet	b. 140	2123	3/
4	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OF THE STREET SIG	JRE D.					1

THE ALL THESE WANTS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 24409

_	REGISTRAR									
	1. DECEDENT'S NAME (First, Middle, L. William	E .	KIR	ρV			2. DATE	S-19	DAY 1	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last bi		ER t YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		5:30
	213-03-8119	M 2 □ F	78	YRS. MONTHE	DAYS	HOURS MIN.	03	h, Day, Year)	15	MARYLAND
œ	9a. FACILITY NAME (If not institution, g FRANKLIN SQUA			9b. Cf		OSEDALE	DEATH			Y OF DEATH
5	RESIDENCE OF DECEDENT	r							1 Bali	timore
DIRECTOR	MARYLAND 106. CO	BALTIMORE		10c. CITY, TOWN	Y HAL					10d. INSIDE CIT LIMITS? 12 YES 2
	10e. STREET AND NUMBER				10f.	ZIP CODE	,			N OF WHAT COUNTRY?
FUNERAL	9 HAYLO	CK COURT	EVER IN U.S. ARME	n I 1	3 WAS DECI	2123		N2 /Encells W		USA 5. RACE — American Ind
B≼	1 Never Married 2 Merried 3 Widowed 4 Divorced		TYES 2 NO		If yes, spe	ecify Cuban, Mexi 2 NO Spe	can, Puerto			Black, White, etc. Specify: WHIT
ETED	15. DECEDENT'S (Specify only highest of		(Give	DENT'S USUAL kind of work don to NOT use retired	e during mos	ON st of working	161	. KIND OF B	USINESS/INDUS	STRY
PLE	Elementary/Secondary (0-12) 10TH	College (1-4 or 5+)		TIONAR		INEER			BOILER	S
COMPL	17. FATHER'S NAME (First, Middle, Last					18. MOTHER'S			n Surname)	
BE	WILLIAM A. 19a. INFORMANT'S NAME (Type/Print)	KIRBY	10h h	MAII INO ADDRE	SS (Street or	nd Number or Run	UNKNO		our State 7in C	anda)
2	WILLIAM T. KIR	ВҮ				URT, BA				
	20a, METHOD OF DISPOSITION	Removal from State	20b. PLACE AND	tory or other plac	ol lo	87	23/84			y or Town, State
	4 Donation 6 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	REISTE			CHURCH'	CEM.	RE	ISTERS	TOWN, MARY
										-2.75
	23. PART I. Enter the diseases, shock, or heart fells IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Hepat	se on each line.	phalo;	3818 er the mod	de of dying, a	AVENU	E. BA	LTIMOR	E, MARYLAN
TIFICATION	shock, or heart felit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. Hepat DUE TO (c)	ic ence	phalo; ence of):	3818 er the mod	ROLAND de of dying, a	AVENU	E. BA	LTIMOR	E, MARYLAN tt, Approxim
CERTIFICATION	shock, or heart fells IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. Hepat DUE TO (c)	i C ence or as a conseque	phalo; ence of):	3818 er the mod	ROLAND de of dying, a	AVENU	E. BA	LTIMOR	E, MARYLAN tt, Approxim
MEDICAL	shock, or heart felit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. Hepat. DUE TO (C. DUE TO (C. d. D. DUE TO (C. d. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. DUE TO (C. d. D. D. DUE TO (C. d. D. D. D. D. D. D. D. D. D. D. D. D. D.	IC PACE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	phalo; ence of):	3818 er the mod pathy	ROLAND de of dying, an	AVENU	E BA	LTIMOR piratory stres	E, MARYLAN tt, Approxim
MEDICAL	shock, or heart fells IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions Renal failure	B. Hepat. DUE TO (c. DUE TO (c. d	IC PACE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	phalo; ence of): ence of):	3818 er the mod path underlying	ROLAND de of dying, an	AVENU ch as cer	24a. WAS A PERFC	N AUTOPSY PRIMED?	E, MARYLAN Approximinterval E Onset an 24b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 20 NO	B. DUE TO (c) C. DUE TO (c) d. HOSPITAL: 1 Unpatient 2 U	ic ence ic ence or as a consecut or as a consecut or as a consecut or as a consecut death but not real	phalo; ence of): ENCE OF): Ulting in the topology of the top	3818 er the mod pathy pathy underlying 26. PL ER: turnsing Home	ROLAND de of dying, at y g cause given ACE OF DEATH (AVENU	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED?	E, MARYLAN Approximinterval & Onset an 24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL	Shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond Renal failure Sepsis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 20 NO 27. MANNER OF DEATH 1 Netural 5 Pending	B. Hepat. DUE TO (c.	ic encedine. ic ence	phalo; ence of): ence of): uiting in the o	pathy pathy underlying 28. PL ER: ursing Home	ROLAND de of dying, at y g cause given ACE OF DEATH (AVENU	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED?	E, MARYLAN Approximinterval & Onset an 24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL	Shock, or heart felic IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond Renal failure Sepsis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 20 NO 27. MANNER OF DEATH	B. Hepat. B. DUE TO (c) C. DUE TO	ic encedine. ic ence	phalo; ence of): ence of): ence of): uiting in the of the of injury M	pathy pathy	ROLAND de of dying, at y g cause given ACE OF DEATH (e 5 — Residenc URY AT RK? ZES 2 — NO	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 □ NO X	E, MARYLAN Approximinterval & Onset an 24b. WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL	Shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond Renal failure Sepsis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investiget 3 Suicide 6 Could not detarmine 29a. CERTIFIER (Check only	B. Hepat. B. DUE TO (c) C. DUE TO	ic eneschiline. ic ence or as a consecut or as a consecut or as a consecut or as a consecut death but not real linjury y, 'ter') Finjury—Al home offic. (Specify) my knowledge, death	phalo; ence of): ence of): ence of): uiting in the of DOA OTHI DOA IMPORT	28. PL ER: tursing Homulating 28. PL ER: tursing Homulating 28. INJU actory, office	ROLAND de of dying, at y g cause given ACE OF DEATH (5	n Part I. Check only o	24a. WAS A PERFC 1 VES	N AUTOPSY PRIMED? 2 □ NO X INJURY OCCUI	E, MARYLAN Approximinterval & Onset an Interv
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond Renal failure Sepsis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investiget 3 Suicide 6 Could not detarmine 29a. CERTIFIER (Check only	Hepat. B. Due To (c) C. Due To (c) C. Due To (c) d. Littona contributing to d Littona contributing to d 28e. Date Of it (Month, Da) be d HYSICIAN: To the best of maintains.	ic eneschiline. ic ence or as a consecut or as a consecut or as a consecut or as a consecut death but not real linjury y, 'ter') Finjury—Al home offic. (Specify) my knowledge, death	phalo; ence of): ence of): ence of): uiting in the of DOA OTHI DOA IMPORT	28. PL ER: tursing Homulating 28. PL ER: tursing Homulating 28. INJU actory, office	ROLAND de of dying, at y g cause given ACE OF DEATH (5	n Part I. Check only o 281. LOC	24a. WAS A PERFC 1 VES	N AUTOPSY STREET N AUTOPSY ST	E, MARYLAN Approximinterval & Onset an Interv
D BY PHYSICIAN: MEDICAL	Shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond Renal failure Sepsis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigat 3 Suicide 4 Homicide 6 Could not determine 29a. CERTIFIER (Check only 0 NEDICAL EXAMINER)	Hepat. B. Due To (c.	ic en each line. ic ence on as a conscour on as a conscour on as a conscour on as a conscour death but not real injury y, 'ver' Finjury — Al home ic. (Specify) my knowledge, death amination and/or inve	h. Do not anterprise to the pinal of the pin	28. PL ER: tursing Homulating 28. PL ER: tursing Homulating 28. INJU actory, office	ROLAND de of dying, at y G cause given ACE OF DEATH (5 Rasidence URY AT RIK7 (ES 2 NO e and place, and death occurred at I	n Part I. Check only o 281. LOC	24a. WAS A PERFC 1 VES	N AUTOPSY STREET N AUTOPSY ST	E, MARYLAN Approximately and interval and i



FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERT	TIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	Leslie Emmett Kurts, Sr.		August 19.	1993 6:00 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth		7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	218-01-9512 1XXM 2 □ F 81 yr	RS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) Sept. 14.1911	Country) Maryland
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH
S.	1249 Gleneagle Road	Baltimore		
5	RESIDENCE OF DECEDENT			
DIRECTOR		CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland	Baltimore		1 VES 2 NO
\¥	10. STREET AND NUMBER	101. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?
FUNERAL	1249 Gleneagle Road	21239		U.S.A.
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Theories FORCES? 1 X YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica	IIC ORIGIN? (Specify Yes or No	14. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	1 YES 2 NO Specify		Snecth/:
	WW 11			White
COMPLETED	(Give Rin	NT'S USUAL OCCUPATION d of work done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
ا تا ا	College (1-4 or 5 +)	OT use retired.)	D . C .	
🖺		e Driver		a Company
ပ္ပ	17. FATHER'S NAME (First, Middle, Last) George Kurts		ME (First, Middle, Malden Surna	
BE		Jeaneti		
5		LING ADDRESS (Street and Number or Rural I		
-		11 Quail Creek Way	, Sparks, MI	21152
	20g. METHOD OF DISPOSITION 1 \(\text{D} \) Burlel 2 \(\text{Cremetton} \) 3 \(\text{Removal from State} \) cometery, cremetor.	ATE OF DISPOSITION (Name of y or other place)	DATE 20c. LOCATIO	N — City or Town, State
	4 Donation 5 Other (Specify) Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	of Faith Cemetery		more, Maryland
	21. SIGNAL OF FUNERAL SERVICE LICENSEE	Schimunek Fur		Tno
	Robert & Hollank H	9705 Belair H		
	23. PART i. Enter the diseases or complications that caused the death.	Do not enter the mode of dying, auc	h aa cardlac or respirator	y arrest, Approximate
	ahock, or heart/faffure. List only one ceuse on each line	111	1 1	interval Between Onset and Death
	disease or condition resulting in death)	cardial las	an linz	Oliset and Dead
	DUE TO ON AS A CONSTQUENT	E OFF	a cur	_
z	- (wante	Kung Bu	2/100	cho
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	2E 0F):	1	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	1 spars	Halle	a uns
E	that initiated events DUE TO IGN AS A CONSEQUENCE	CE OF):		/
E	resulting in deeth) LAST			
	PART II. Other significant conditions contributing to death but not rybyd	on in the underline cause alone in	Part I. 24s. WAS AN AUTO	
DICAL	Tenton il Sun the	William	PERFORMED?	AVAILABLE PRIOR TO
	1000 1 8 149 POV	roices 11	1 □ YES 2 19-10	D COMPLETION OF CAUSE OF DEATH?
ME	0 0			1 THE 2 NO
ä	35. WAS CASE REFERRED TO MEDICAL.			
PHYSICIAN	EXAMINER? HOSPITAL:	OTHER:	scit crity one)	
Σ	1 ☐ YES 2 ☐ 1 ☐ Inguitient 2 ☐ ENOutpatient 3 ☐ DC 27. MANNES, OF DEATH	A 4 Nursing Home 5 - Residence	6 Dither (Specify)	
	256. DATE OF INJURY 1 Natural 5 Pending 266. DATE OF INJURY (Morth, Day, Year)	TIME OF 28t. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
BY	2 Accident Investigation	M 1 YES 2 NO		
G	3 Suicide 6 Could not be building, etc. (Specify)	rm, street, factory, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Numbec
E 1	TI MANUAL TO CONTROL OF THE PARTY OF THE PAR			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death or	curred at the time, data and place, and due	to the cause(a) end manner as	stated.
COMPLETI	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investi			
Ü	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		DATE BIGNED Month, DA: Years
00	ton 2 //ana	M 1774	175 1	8/19/62
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)-	Type, Print)		1.117
	Dr. John F. Marra, 5601 Loch Raven		MD 21239	
-	M PATE CITE ALL A COMMISSION AND AND AND AND AND AND AND AND AND AN		L1237	
1 1	31. DATE FILEA (MG DE YEA) 1993 32. ABGISTRAR'S SIGNATURE Julia Davidson-Rand			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6 5

e.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfr permit. Pages 1.2 sebould
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL KANDE			ERTIFIC	MIE	J. DEATH			0.		
BARV LIDI DARIM						2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. I				-	7	4	93	0.603
	1 M 2 KF	MOE (III yrs. I		ONTHS DA	WE HOURS MIN	. (Mo	E OF BIRTH nth, Day, Year)	- 1	6. BIRTH	IPLACE (State or Foreign ry)
9a. FACILITY NAME (If not institution, give st	reet and number)			b. CITY, TO	WN OR LOCATION OF		7-4-93	9c. COUN	ITY OF D	FATH
ST. AGNES HOSPIT	ΓAL		_		BALTIMOR			00.000		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										
	LTIMORE		10c. CITY,	TOWN OR L		,				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	JI I HOKE			-	BALTIMORE			T		1 YES 2X NO
6917 DOGWOOD ROA	VD.				21207	,		10g. CITI	ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS	DECENDENT OF HIS		IN7 (Specify)	res or No — I	14. BACE	E — American Indian.
1 Never Married 2 Married	FORCES? 1 [] '		NO	If ye	s, specify Cuban, Ma	rican, Puarte	Rican, atc.)		Black	k, White, etc.
3 Widowed 4 Divorced									орос	WHITE
15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of wo	k done durin	PATION g most of working	10	Sb. KIND OF B	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		fe. Do NOT use	retired.)						
17. FATHER'S NAME (First, Middle, Lest)					T to secure to					
	NDEL				18. MOTHER'S		, Middle, Maide I LYNN	en Surname)		
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING A	DDRESS (Str	reet and Number or Ru	ral Route Nu	mher City or F	wn State Zin	Codel	
					or arrangement of the	THE FROM THE	nos, ony or k	ATT, States, 2.15	0000)	
20a. METHOD OF DISPOSITION			E AND OATE OF					OCATION — (
1X Buriel 2 Cremation 3 Remo	wal from State	NEW C	"CATH	DRAL	, , 8	1/20/	93 B	ALTO.	, MD	.21229
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE				E AND ADDRESS OF					
► Haum 2€	Linha				BARD FUNE					
23. PART I. Enter the diseases, or co	omplications that cer	used tha d	leath. Do no	enter tha	7 WILKENS	uch as ca	IIIEBA	Diratory arm	E I	Approximate
ahock, or heert fallure. L	list only one ceuse o	on aach lin	ie.					•		Interval Betwee
disease or condition	Prematu	ritv	(20)	zaake)					1 hour
	Prematu OUE TO (OR									T Hour
Sequentially list conditions,	Prematu		-	of me	mbranes					4 hours
if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSI	EOUENCE OF):							
CAUSE (Disease or injury	OUE TO (OR	AS A CONSI	EOUENCE OF):							
			,							j
that initiated events resulting in death) LAST	s .									-
resulting in death) LAST	l									
	t. a contributing to dae	th but not	resulting in	tha under	lying cause given	In Part I.		N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDING
resulting in death) LAST	t. a contributing to dae	th but not	resulting in	tha under	lying cause given	in Part I.	PERF	ORMED?	24b.	AVAILABLE PRIOR TO
resulting in death) LAST	s contributing to dae	th but not	resulting in	tha under	lying cause given	In Part I.		ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant conditions	t.	th but not	resulting in				PERFO	ORMED?	24b.	COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			21 THER:	8. PLACE OF DEATH	(Check only o	PERF(ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	Outpetient (3 🗆 DOA 4	21 THER:	8. PLACE OF DEATH	/Check only o	PERFO	PRMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	Outpatient		20THER: Nursing DF 28c.	6. PLACE OF DEATH Home 5 - Resident INJURY AT WORK?	/Check only o	PERFO	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 X Inpetient 2 = ER/ 28e. DATE OF INJU (Month, Day, Ve	Outpatient URY — At h	3 DOA 4 29b. TIME (INJUR	20 THER: Nursing OF 28c.	8. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO	Check only one 6 Ott	PERFO 1 YES 1 NOTES NOTE	PRMED? 2 NO NO INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1X Inpetient 2 = ER/ 28e. DATE OF INJU (Month, Day, 1e	Outpatient URY — At h	3 DOA 4 29b. TIME (INJUR	20 THER: Nursing OF 28c.	8. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO	//Check only of the first only of the control of t	PERFO 1 YES 1 NOTES NOTE	PRMED? 2 NO INJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 X Inpetient 2 = ER/ 28e. DATE OF INJU (Month, Day, 16 28e. PLACE OF INJ building, etc. (Outpatient JRY ear) JURY — At h	3 DOA 4 28b. TIME (INJUR	21 THER: Nursing PF 28c. Y M 1	8. PLACE OF DEATH Home 5 Rasidem INJURY AT WORK? YES 2 NO	Check only of 28d. Off	PERFO 1 YES	PRMED? 2 NO 2 NO 2 INJURY OCC	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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PART II. Other significant conditions 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1 X Inpetient 2 = ER/ 28e. DATE OF INJU (Month, Day, Ve 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k 3: On the ball of examin	'Outpetient JRY JRY JURY — At h (Specify) (nowledge, d	3 DOA 4 28b. TIME c INJUE	28c. Y M 1 set, factory, of the time, in my opinion	8. PLACE OF DEATH Home 5 Residen INJURY AT WORK? VES 2 NO office date and place, and office 29c. LICENSE I	Check only of the State of the	PERFO YES One) Per (Specify) ESCRIBE HOW CATION (Street or Town, Steet	PRMED? 2 NO INJURY OCC t and Number (e) anner se state and due to the	URED Or Rural R d. cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)
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ISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN. The law requires that the death certificate he executed within
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	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	Henry Th	nomas Lan	grehr		2. DATE OF DEATH DAY YEAR 3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		12:30 p.ma. 6. BIRTHPLACE (State or Foreign		
	218-28-7131	1 ⊠ M 2 □ F 62		MONTHS DAYS	HOURS MIN.	March 27,	1931 Mo	MPLACE (State or Foreign try)		
_	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATN	9c. COUNTY OF	DEATN		
СТО	Fallston Gen. Ho			Fal	.ston		Harfo	rd		
#	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOC	TION			10d. INSIDE CITY LIMITS?		
IO J	Md . 10e. STREET AND NUMBER			Bel Ai	ir		1 YES 2 NO			
FUNERAL DIRECTOR	1001			21	1014	US				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	VU.S. ARMED 2 NO ATES	If yes, s	CENCENT OF NISPANI pecify Cuben, Mexican S 2 XNO Specify:		or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
0	15. OECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ON	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	(Specify only highest grade Flamentary/Secondary (0-12)		ork done during in retired.) PEISON	ost of working	Alban	Co.				
OMP	17. FATHER'S NAME (First, Middle, Last)	Jules	PC13011	18 MOTHER'S NAM	NE (First, Middle, Meiden					
BE C	ľ	Michael	Langreh	r	Agnes		ller			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural Re	oute Number, City or Town	, State, Zip Code)			
-	Mrs. Margaret F.					Bel Air,				
	1 X Buriel 2 Cremation 3 Remo	cere	PLACEAND DATE OF OTHER STEPPING	en R.C.	Ch.Cem. 8	0ATE 20c LOC	BRADSH	AW, MD.		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funeral F									
	23. PART I. Enter the disease, or o		I the deeth Do no							
	SHOCK, OF REST TEHLIFE.	List only one ceuse on e	ech ilne.					Approximate interval Between Offset and Death		
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF)r	, ,	(e)	vere	Mhd 0124-6		
NO	disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	2	oniseouther or)	0						
CERTIFICATION	that initiated events recuiting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
		1.								
SAL	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlyle	g cause given in P	Part I. 24a. WAS AN A		AMILABLE PRIOR TO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS' PERFORMEO? 1 YES 2 NO							LNO	OF DEATH?		
Σ:		-		40	113/	_		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)									
Z I	1 YES 2 NO	HOSPITAL: 1 inputient 2 ER/Outp		OTHER:	ne 5 🗆 Residence 6	Other (Specify)				
	27. MANNER OF DEATN 1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide e Could not be determined	— At home, farm, atr								
Ē	AA. AFFERINA									
COMPLETED	t CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and menner as stated. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P	rint)	3 ex 15 s	Kings	1/	and		
7	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE	1 2	1-1130	111495	11/1/2	1087		
71	AUG 2 0 1993	Julia Davidan	Daniel in			0				
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use as the burial-transit permit. Pages 1, 2, 3 should nours after death. Page 6 may be retained by the hospital or attending physician. jo

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e has been signed by the attend te Dept. of Health and Mental Hy m 23 shows any Injury, or

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After death

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BOX 68760.

BALTIMORE, MARYLAND 21215-0020

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m

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24413 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUGUST 16,1993 YEAR DR. EPHRAIM LISANSKY 2 AM \mathbf{T} . 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH

11-2-1912 & AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 | F MARYLAND 80 577-46-9751 9a. FACILITY NAME (If not instit 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH NORTH OAKS HEALTH CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10a, STATE 10b. COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21208 725 MT. WILSON LANE, APT. 423 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri
1 YES 2 ND Specify: 1 Never Married 2XX Married BY Specify: 3 Widowed 4 Divorced WHITE WWII COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) PHYSICIAN MEDICINE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) DAVID LISANSKY KELLER 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS SYLVIA LISANSKY 725 MT WILSON LANE, APT. 423 BALTIMORE, MD 21208 20a_METHOD OF DISPOSITION

1 Burlal 2 Cremailon 3 Ramoval from Stata
4 Donalion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ARL INGTON 8/18/93 BALTIMORE, MD CHIZUK AMUNO) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. lung 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallura. List pnly one cause on each ilna. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition 2 Yes resulting in death) CERTIFICATION Sequantially list conditions, DUY TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 ND Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 8 - Other (Specify) 4 11-16 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 ND BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide Could not be detarmined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide E 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as steted. COMPL 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER MD D10036

29d. DATE SIGNED (Month, Day, Year) 18/16

30. NAME AND ADDRESS DF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 80 4

HOCKET, WIL

32. REGISTRAR'S SIGNATURE



FOR

	1 - STATE REGISTRAR	SIAIE UF N	MAKYLANU / CE						MENTA	REG. NO.	Ε			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) YVONNE K. LINTON							2. DATE OF DEATH AUGUST 167,1993 YEAR			3. TIME OF DEATH L2:14 AM M			
DIRECTOR	4. SOCIAL SECURITY NUMBER 217–26–1437	5. SEX 1 M 2 XF	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH			MAR	PLACE (State or Foreign	
	98. FACILITY NAME (If not institution, give street end number) SINAI HOSPITAL				96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D BALTIMORE					EATH				
	RESIDENCE OF DECEDENT 10s. STATE MARYLAND 10b. COUNTY	BALTIM	10RE	10c. CIT	TY, TOWN (OR LOCAT	ION	BAL'	TIMO	RE			10d. INSIDE CITY	
FUNERAL D	100. STREET AND NUMBER 4007 VILLA NOVA ROAD										IZEN OF W	1 YES 2 NO		
COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	MARITAL STATUS ☐ Never Married 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2X				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE						E — American Indian, k, White, etc.		
	(Shecity only highest grade completed) (GA Elementary/Secondary (0-12) College (1-4 or 5+)			TEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use redred.) HOUSEWIFE					166. KIND OF BUSINESS/INDUSTRY AT HOME				***************************************	
	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAME (First, Middle, Meiden Surname)					CONT. COURT		
TO BE	FRED 190. INFORMANT'S NAME (Type/Print)	KUEH		MAJLING	ADDRES	S (Street e		LSA r or Rural R	Poute Num	ber, City or Town	, State, Zip		STASSEL	
F	MR BENNETT LINTON 200. METHOD OF DISPOSITION		20b. PLACE AN		_			DAD I	_	IMORE,				
	1 Donation 5 Other (Sectify)	12	cemetery, crem	LTO.	P CRI	EMAT	ORY		17/9		SON,		wn, State	
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215													
	23. PART I. Enter the diseases, or competitations that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arreat, abock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death Conset and D													
PHYSICIAN: MEDICAL CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST D. Massie Mistacle infaction OUE TO (OR AS A CONSEQUENCE OF): C. Shull Comman attemption disease Chronic DUE TO (OR AS A CONSEQUENCE OF) d.													
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO													
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R:		EATH (Chec	eck only on	ne)				
BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIM						28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, stc. (Specify)					set, factory, office 281				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29c. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.													
TO BE	296. SIGNATURE AND TITLE CERTIFICA	1 faloun				29c. LICENSE NUMBER \$\int 405 70				29d. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETEO CAUS	E OF DEATH (TEM	27) (Туре,	Print)							11		
2	31. DATE FILED (MGrith 2 or 1000)	32 REGISTRAS	R'S SIGNATURE	delle			· ·		=-					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BERNAR YEAR 1:35 30 07 1003 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) HOURS 47 DAYS 1 XM 2 F YRS. 12-11-194 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LANVALE AND CHARLES STREET. BALTIMORE CITY. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 ☐ YES 2 ☐ NO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 9 OCME 20s. METHOD OF DISPOSITION
1 Burisl 2 Cremation 3 Figure 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other(Specify) emoval 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY wonald Wade, Dir State Anatomy Board 655W.BaltimoreSt, Balto, MD21201 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Cocaine intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 XYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Xother (Specify) ON STREET. 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28b. TIME OF INJURY 26s. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural Found 7-30-93 Unk. 1 YES 2 NO BY 2 Accident Unknown 28e. PLACE OF INJURY - At he building, atc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 🔀 Could not be COMPLETED 4 Homicide determined found on street Lanvale & Charles Sts 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Balto., MD 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 07/30/1993 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E. mo 2

111 Penn Street, Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10

Se

32. REGISTRAR'S SIGNATURE

HEDOONE

AUG

31. DATE FILED (Month, Day, Year)

1 9 1993

DHMH-16 Rev 1/89

21201

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEM: 23 PART I, PER MEO FILM G-702 8/30/93 t.t/j.1.1. FOR

ANGELIC MCCOY BASE AND THE AND AND AND AND AND AND AND AND AND AND		REGISTRAR	CEF	RTIFICATE OF	DEATH	REG. NO.	
4. SOCIAL SECURITY NUMBER 4. SEX 1		1. DECEDENT'S NAME (First, Middle, Last) ANGELIC	McC	ОУ	- 1	IONTH DAY	YEAR
Security NAME (In col Institution, give select and number) 2308 EAST BIDDLE STREET BALTIMORE CITY BALTIMORE CITY MARYLAND 106, STATE 106, CUNITY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 106, STATE 107, COUNTY MARYLAND 107, COUNTY MARYLAND 108, MARYLAND 108, MARYLAND 108, MARYLAND 109, STATE 109, COUNTY MARYLAND 109, COUNTY MARYLAND 109, COUNTY 109, STATE 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, STATE 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, STATE 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, COUNTY 109, MARCHARCORIGHT (Specify) 109, MARCHARCORIGHT (Specify) 109, MARCHARCORIGHT (Specify) 109, MARCHARCORIGHT (Specify) 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 109, MARCHARCORIGHT (Specify) 100, COUNTY 100, MARCHARCORIGHT (Specify) 100, COUNTY 100, MARCHARCORIGHT (Specify) 100, MARCHARCORIGHT (Specify) 100, MARCHARCORIGHT (Specify) 100, MARCHARCORIGHT (Specify) 100, MARCHARCORIGHT (Specify) 100, MARCHAR	100	4, SOCIAL SECURITY NUMBER			IF UNDER 24 HRS. 7, E	ATE OF BIRTH	8. BIRTHPLACE (State or Forei Country)
TOOL STREET AND NUMBER 2 3 0 8 E. BIDDLE STREET 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 11.	OR	2308 EAST BID			OR LOCATION OF DEATH	9c. Ci	
100. STREET AND NUMBER 2308 E. BIDDLE STREET 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED PONCES? 1 YES 2 NO I' YES 2 NO I' YES, specify: Cuban, Mastean, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED PONCES? 1 YES 2 NO I' YES, specify: Cuban, Mastean, Puerto Rican, etc.) 12. WAS DECEDENT STATUS 13. WAS DECEDENT OF WHAT COUNTRY STATUS 14. WAS DECEDENT OF WHAT COUNTRY STATUS 15. WAS DECEDENT OF WHAT COUNTRY STATUS 16. WAS DECEDENT OF WHAT COUNTRY STATUS 17. WAS DECEDENT OF WHAT COUNTRY STATUS 18. WAS DECEDENT OF WHAT COUNTRY STATUS 18. WAS DECEDENT OF WHAT COUNTRY STATUS 19. WAS DECEDENT OF WHAT COUNTRY STATUS 19. WAS DECEDENT OF WHAT COUNTRY STATUS 19. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY STATUS 11. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 12. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 15. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 16. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 17. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 18. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 19. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 19. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDENT. 19. WAS DECEDENT SEND OF WHAT COUNTRY SALE WAS DECEDED. 19. WAS DECEDENT OF WHAT COUNTRY SALE WAS DECEDED. 19. WAS DECEDENT OF WHAT COUNTRY S	DIRECT	10e. STATE 10b. COUNT					VLIMITS?
Specify: Specify: BLACK 1			STREET	1	01. ZIP CODE 21213	UN I	
Elementary's econdary (0-12) College (1-4 or 5+) CHILD C		1 X Never Married 2 Married	FORCES? 1 YES 2 YNO	If yes, s	pecify Cuban, Mexican, Pu	RIGIN? (Specify Yes or No- arto Rican, etc.)	14. RACE — American Indian Black, White, etc. Specify: BLACK
19b. MAILING ADDRESS (Street and Number of Parall Route Number, City of Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number of Parall Route Number, City of Town, State, Zip Code) 20b. METHOD OF DISPOSITION 1	LETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Give (Give (Me. Do	kind of work done during n NOT use retired.)	TION nost of working		INDUSTRY
198. MALING ADDRESS (Street and Number or hursh Route Number, City or Town, State, Zip Code) 200. ALCHONYA GRAY 198. MALING ADDRESS (Street and Number or hursh Route Number, City or Town, State, Zip Code) 200. ALCHONYA GRAY 200. ALCHONYA GRAY 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 201. LOCATION — City or Town, State 202. LOCATION — City or Town, State 203. BALTIMORE, MD 212. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH 1101 E. NORTH AVE 233. PART I. Enter the diseasese, or complicatione that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Conset Interval Bet Conse	_	17. FATHER'S NAME (First, Middle, Last)		CHILD	18. MOTHER'S NAME (*)		a)
1 Durisi 2 Cremation 3 Removel from State A Donation 5 Other (Specify) Cappellon Ca		198. INFORMANT'S NAME (Type/Print) LATONYA GRAY	19b. N 23	OS E. BIC	and Number or Rural Route DLE STREE	Number, City or Town, State.	Zip Coode) NORE, MD 212
			V A				
	MEDICAL	Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificent condition	ACUTE BRONCHOPNEUMO e. SUDDEN INFANT DUE TO (OR AS A CONSEQUE b. DUE TO (OR AS A CONSEQUE c. DUE TO (OR AS A CONSEQUE d. He contributing to deeth but not rese	NIA DEATH SYNCE OF): INCE OF): INCE OF): INCE OF): INCE OF): INCE OF): INCE OF): INCE OF): INCE OF):	Ode of dying, such se	FH 1101 E cerdiec or respiratory I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Approximet interval Bet Onset end E Onset
Q. (Month, Day, Year) INJURY WORK?	HYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 \(\subseteq NO) 27. MANNER OF DEATH	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CO	NIA DEATH STATE OF: INCE	ng ceuse given in Part	FH 1101 E cerdiec or respiratory I. 24e. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Approximet interval Bet Onset end I Onset
Natural 5 Pending Investigation 2 Accident Suicide 6 Could not be detarmined detarmined City or Town, State) Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident Suicide 6 Could not be detarmined detarmined Suicide Su	ED BY PHYSICIAN: MEDIC	Sequentielly list conditione, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be	Liet only one cause on each line. ACUTE BRONCHOPNEUMO e. SUDDEN INFANT DUE TO (OR AS A CONSEQUE b. DUE TO (OR AS A CONSEQUE c. DUE TO (OR AS A CONSEQUE d. HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 28e. DATE OF INJURY 2 28e. PLACE OF INJURY — At home.	NIA DEATH ST NCE OF): INCE OF)	ng ceuse given in Part PLACE OF DEATH (Check or me 5 & Rasidence 6 UURY AT ORK? YES 2 NO	I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO Other (Specify) DESCRIBE HOW INJURY (Approximet interval Bet Onset end interval Be
Netural 5 Pending Investigation 2 Accident Suicide Suicide City or Town, State) Number or Rural Route Number, City or Town, Stat	ETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 29 Accident S Could not be determined to the conditions of the could not be determined to the conditions of the could not be determined to the could not be dete	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A C	DO not enter the m NIA DEATH SY INCE OF):	PLACE OF DEATH (Check or me 5 Residence 6 UNRY AT VES 2 NO 10cc 26f.	I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO Other (Specify) Describe How injury of Town, State)	Approximet interval Bet Onset end I I I I I I I I I I I I I I I I I I I
Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide Could not be determined Sec. (Specify) Sec. (Specify) At home, farm, street, factory, office Sec. (Specify) Sec. (Specify) Could not be determined Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Could not be determined Sec. (Specify) Sec. (Specif	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 27. MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not be determined to determined to determined to condition to the determined to th	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQ	DO not enter the m NIA DEATH ST INCE OF):	PLACE OF DEATH (Check or me 5 Residence 6 DURY AT VES 2 NO les 26f.	Cerdiec or respiratory LOCATION (Street and Num. City or Town, State) cerdiec or respiratory LOCATION (Street and Num. City or Town, State) cerdiec or respiratory LOCATION (Street and Num. City or Town, State)	Approximet interval Bets Onset end E Onset

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

STATE OF MADVI AND / DEDARTMENT

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	1 - STATE REGISTRAR	OINIL OI II	CI		ICATE	OF	DEAT	MNU :	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, La	ist)						-		OF DEATH			3. TIME OF DEATH
	BESS	IE A. MI	LLER						08	18	199	93	9:00 A. M
	4. SOCIAL SECURITY HUMBER	5. \$EX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER			OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	439-32-8508	1 🗆 M 2 💢 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	07		1900	MAR	YLAND
_	9a. FACILITY HAME (If not institution, gir				96. CITY,	TOWN O	R LOCATIO	ON OF DI	EATH		9c. COU	INTY OF D	EATH
PO	123 WEST 29th		PT. 9D		BA	LTIM	ORE						
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			the CIT	Y, TOWN O	B LOCAT	ION						40.4 10.000 0
DIRECTOR	MARYLAND				BALTI								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		-	1 1	ALII.	-	ZIP CODE				T 100 CIT	17EN 05 Y	1 X YES 2 NO
FUNERAL	123 WEST	29th STRE	ET				2121					USA	THAI COUNTRY?
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BY F	1 Never Married 2 Merried	FORCES? 1	☐ YES 2 XX N AR OR DATES	Ю	1 1	f yes, spe	city Cubin	n, Mexica	n, Puerlo	Rican, etc.)		Blaci Speci	— American Indian, c, White, etc.
	3 Widowed 4 Divorced						*1	.,,				Оросс	WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(G	has kind of	USUAL OC	CUPATIO	N It of workin	g	168	KIHD OF BU	SIHESS/IN	DUSTRY	
7	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +	,	Do NOT U	KEEP	FR				нот	et c		
M	17. FATHER'S NAME (First, Middle, Last)			10001		DI.							
	JOHN MILLER						18. MOTH		11	Middle, Maiden McGON			
BE	19a, IHFORMANT'S NAME (Type/Print)		100	h MAILING	ADOBESS	/Otmet as	and bloombane			ber, City or Tow		0.41	
2	IRVIN TAWNEY												17361 SYLVANIA
	20s. METHOD OF DISPOSITION		20b. PLACE					ТОПТ	OAT		CATION —		
	1 XBuriel 2 Cremetion 3 R. 4 Donation 5 Dotter (Specify)	emoval from State	cemetery, cre	metory or o	ther plece)			Q / 21	/93				21053 ARYLAND
	21. SIGNATURE OF FUHERAL SERVICE		00	TON			D ADDRES			ITA	SULAN	D . M	ARILAND
	» (1 /10	an Sei	To ()		I A	A. A	LAN :	SEIT	Z, J	R. FUI	VERAL	HOM	E 21211
	23. PART i. Enter the diseases, or shoot or head fallow	or complications that	caused the de	ath Do	ot enter	3818	ROL.	AND	AVEN	UE, BA	TTTM	ORE,	MARYLAND
	enock, or maint rangi	e. List only ona cau	se on aach iina	l.			- 1					reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	Ath	eroscl	PVA	i.	Va	دررا	CW	() "	00.5			Onset and Death
	reaulting in death)		OR AS A COHSEC			700	3000	1014	U	s cus			
Z		- 6.											
5	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):								
2	CAUSE (Disease or Injury	C											
Ë	that initiated events resulting in death) LAST	DOE 10 (OR AS A CONSEC	DUENCE O	-):								
CERTIFICATION		_ d											
¥.	PART II. Other aignificant condition	iona contributing to	death but not n	eaulting	in tha und	darlying	cause g	iven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
8	- Viavetes	Mellita	2							1 TYES 2			COMPLETION OF CAUSE OF DEATH?
ME									1				1 YES 2 NO
ÿ													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER		ICE OF DE	ATH (Chi	ock only on	e)			
IXS	1 YES 2 HO	1 Inpatient 2			4 🗆 Nursi	ing Home		sidence					
	1 Natural 5 Pending	28a. OATE OF (Month, Da		28b. TIM IHJ	URY	28c. IHJU WOF	tK?		28d. DES	CRIBE HOW I	HJURY OC	CURED	
à	2 Accident Investigatio 3 Suicide & Could not be	28a PLACE OF	IHJURY — At ho	me form	draet facto		ES 2 [НО	204 1 00				
	4 Homicide 8 Could not be determined	building, (etc. (Specify)	*****************	Allewi, INCIO	ry, ornes			City	ATIOH (Street of or Town, State)	ind Number	or Runal A	oute Number,
COMPLETED	29a. CERTIFIER	VEIGIANI, To the board				-							
M M		YSICIAH: To the best of a											
	29b. SIGHATURE AND TITLE OF CENTUR				,, may op					erra piace, an			
B	DIAM ()	Fam	M				29c. LICE	327	BER		29d. DAT	E SIGNEO	(Montil, Day, Year)
2	30. HAME AND ADDRESS OF PERSON I	WHO COMPLETED CAUS	E OF DEATH (ITEL	M 27) (Tuna	Print)		1/5	ラ ス・	40		7	4/5	1/95
	BETSY A. FAY, 1		FALLS RO			IMOR	E. M	ARYI	LAND	21211			
							-,						
9	31. DATE FILED (NOT). 2. 10 199	13 Julia D	widson B	nde po									

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and the second section of the second

10 HP HOSPINAL DR ATTRUMAN: The law requires that the death cermicate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNEAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
TO THE FUNERAL (be filed within 72 h	

-	FOR STATE		ARYLAND / DEP	ARTMENT OF	HEALTH AND	MENTAL HYGIEN	9	3 24418
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	into a	CERT	IFICATE O	F DEATH	REG. NO).	
	CATHERINE MITC	HELL	- H- 13/			08 - :		3. TIME OF DEATH 3 0041 M
	217-20-0052	5. SEX	6. AGE (In yrs. lest birthd	MONTHS DAVE		7. DATE OF BIRTH 2	-2-27 B.	BIRTHPLACE (State or Foreign Country) ALTIMORE, ME
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY	
DIRECTOR	CHURCH HOSPITAT	<u> </u>		BALTI	MORE			
in in in in in in in in in in in in in i	MD 10a. STATE 10b. COUNT	TY		CITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	10a, STREET AND NUMBER		BF	LTIMORE	101. ZIP CODE			1 YES 2 NO
ERA	1623 PENTWOOD	RD.			21239			ED STATES
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12 WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	1	RACE — American Indian, Black, White, etc.
) BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		ES 2 X NO Specif			Specify: BLACK
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind	T'S USUAL OCCUPA of work done during T use retired.)	TION most of working	16b, KIND OF BU	SINESS/INDUS	TRY
MPL	12 TH							
BE CO	17. FATHER'S NAME (FIRST, MIGGIO, Last) DONALD TATES				LOUVE	NIA TOMP	KINS	
5	19a. INFORMANT'S NAME (Type/Print) SAMUEL MITCHE	LĻ	19b. MAIL 16	23 PENT	WOOD RD	, BALTIM	n, State, Zip Co DRE, N	⁵⁰⁾ ND 21239
	20a. METHOD OF DISPOSITION X Serial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novat from State	20b. PLACE AND DA	TEOF DISPOSITION	Name of ST VA		CATION — CITY	or Town, State MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME	AND ADDRESS OF FA	CILITY		NORTH AVE.
	23. PART I. Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. OUE TO (OR AS A CONSEQUENCE	egs EOF):	node of dyling, suc	h as cardiac or reap	iratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	10F): 10F): 10F): 10F):	\$			7/43		
	PART ii. Other aignificant condition	ne contributing to	leath but not reaultin	g in the underly	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICA						1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
ME						_ fer nec	2 cassed	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	DI ACE DE DEATH (C)	husse	ner	
SIC	26. PLACE OF OEATH (Check only one) 26. PLACE OF OEATH (Check only one) 27. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 29. PLACE OF OEATH (Check only one) 21. PLACE OF OEATH (Check only one) 21. PLACE OF OEATH (Check only one) 22. PLACE OF OEATH (Check only one)							
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF 6 (Month, Day	NJURY 26b. 1	TIME OF 28c. 0	NJURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	EO
ВУ	1 Natural 5 Pending 2 Accident Investigation	(month, ba)	. 1087		YES 2 NO			
- 1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, fart tc. (Specify)	n, street, factory, off	lica	28f. LOCATION (Street & City or Town, State)	and Number or F	lural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE							use(s) and manner es stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUR			SNEO (Month, Day, Year)
TO B	Kheylen	-NO			PUZO		D 8	14143
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	100 N	THE STATE OF THE S		BALTIMOR	E. MD	
0	31. DATE FILE OF 1993	Filia Da	s signatures	2				

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. TIME OF DEATH
	Alexander Josep	h Miski	el				Aug. 1	9. 199	YEAR	7:53 a.M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last i	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	INTL	0.000	THPLACE (State or Foreign
	212-10-4409	1. M 2 □ F	73		MONTHS DAYS	HOURS MIN.	(Month, Den	1920	Cour	nnsylvania
	213-10-4408 9s. FACILITY NAME (If not institution, give a		13		AL OUTH TOWARD	OR LOCATION OF DE				
œ		,					EATH		COUNTY OF	DEATH
0	3015 Chesterfield	Avenue			Baltim	ore				
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c, CITY.	TOWN OR LOCAT	TON				10d. INSIDE CITY
E	Maryland				ltimore					LIMITS?
	10e. STREET AND NUMBER			Da.				1		1 YES 2 NO
RA						. ZIP CODE				WHAT COUNTRY?
FUNERAL	3015 Chesterfield					21213			.S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1-6	EVER IN U.S. ARM YES 2 NO R OR DATES	ED)	13. WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexica	VIC ORIGIN? (Sp	ecify Yes or No	- 14. RAC Bia	CE — American Indian, ick, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE VIA				2 NO Specify		, ,	Spe	White
		1	WW.							willte
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	e kind of wi Do NOT use	JSUAL OCCUPATION OF MORE	on st of working	16b. KIN	D OF BUSINESS	INDUSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)			rearea.)		D- 7	L-1	Thomas	lana Campana
M	N/A	N/A	Fore	eman						lope Company
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	and the same of th		10)	
BE	Joseph Miskiel					Bertha				
5	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural I			, Zip Code)	
-	Allan C. Miskiel	(Son)	13	336	Sweetbri	ar Lane,	BelAi	r, Md.	210	14
	20s. METHOD OF DISPOSITION TO Burlal 2 Cremation 3 Ram	ovel from State	20b. PLACE AN	DATEO	F DISPOSITION (Na	rme of	OATE	20c. LOCATION	- City or	Town, Stata
	4 Donetion 5 D Other (Specify)		Holy R	osar	y Cemete	ery	8/21	Balti	more,	Maryland
- 3	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1		O ADDRESS OF FA			1411	
	15	1 Cos		- 1		inek Fune				
	22 PART I Entrophy discourse	110010000000000000000000000000000000000	/>		13331 I	Brehms La	ne, Ba	ltimor	e, Md	
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	METAS								Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions,	bDUE TO (0	OR AS A CONSEQU	JENCE OF)):					
¥	if sny, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSEQU	JENCE OF):					
듄	resulting in death) LAST	4								
빙		0.								
DICAL	PART II. Other significant condition	s contributing to d	leath but not re-	suiting ir	the underlying	g cause given in	Part i. 24a	WAS AN AUTO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2							1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Ä										1 TYES 2 NO
-										
¥	25. WAS CASE REFERRED TO MEDICAL				28. PI	ACE OF DEATH (Ch	eck only one)			
25	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [OTHER:	e 5 🗆 Residence				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. OATE OF II		28b. TIME				E HOW INJURY	OCCURED	
=	1 Natural 5 Pending	(Month, Day		INJU	JRY WO	RK?	200.0200		COCCILED	
B	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF	INJURY — At hom	e. term. st			281 I OCATIO	N (Street and Nu	mber or Rure	I Doute Number
	4 Homicide 6 Could not be determined	building, e	te. (Specify)	.,,			City or To		now or rigida	rriode rumos,
<u> </u>	as acresion									
4	neel .	CIAN: To the best of n								15/37/3
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of axa	mination and/or in	vestigation	, in my opinion, d	esth occured at the	time, data and	place, and dua	to the cause	(a) and manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUM	MBER	29d.	DATE SIGNE	ED (Mogth, Day, Year)
BE	Raymond A. A	12anof	PA.			D34	184	•	811	9/93
2	30. NAME AND ADDRESS OF PERSON WH			27) (Type,	Print)	7		1	-/.	. , , ,
	Dr. Enze, 7801 Yo					Maryland	2120)4		
10										
1	31. DATE FILED (1907) 2 0 1993	Julia Do	widow D.	1.00						
		171	1	Indian.						the second secon

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI	ENT OF H	EALTH AND DEATH	MENTAL HYGIEI REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	BABY BOY	McCor	UNG			MONTH		YEAR 3	1413 M
		. SEX 8. AGE (In yr.	s. last birthday) F U	HOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Modth, Day, Year)		BIRTHPL Country)	ACE (State or Foreign
1		M 2 F	YRS.	HS DAYS	HOURS MIN.	7/6/93		M	D
~	9a. FACILITY NAME (If not institution, give street	4			R LOCATION OF D		9c. COUNT	Y OF DEAT	гн
DIRECTOR	St. Agnes Hos	pital	18	salti,	nore	MD			
EC	10s. STATE 10b. COUNTY		10c. CITY, TO	VN OR LOCAT	ION			10	d. INSIDE CITY
DIE I	MARYLAND PRI	NCE GEORGE	LAND	OVER					LIMITS?
AL	10e. STREET AND NUMBER			101	ZIP CODE	-	10g. CITIZE		T COUNTRY?
FUNERAL	6902 SHEPHERS STRE	ET		Í	20785				
5		P. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED NO			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14	RACE -	American Indian, /hite, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif			Specify:	
	15. DECEDENT'S EDUCAT	ION 16s	. DECEDENT'S USUA	I OCCUPATIO	···	16b, KIND OF BU	(0)11/500 (1)10/4	BLA	CK
	(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of work diffe. Do NOT use retin	one durina mo:		160. KIND OF BU	ISINESS/INDUS	INT	
립		10000							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)		
BE (SHARON	MCCOW	N	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADOF	ESS (Street a	nd Number or Rural	Route Number, City or Tox	wn, State, Zip Co	ode)	
-									
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State 20b. PLA	CE AND DATE OF DIS		me of	OATE 20c. LO	OCATION — CIT	y or Town,	State
	4 ☐ Donation 5 ☐ Other (Specify)	EV P. W	CATHEDI	CAL.	D ADDRESS OF FA	18/20/93	BALT	0.	MD21229
	()04-95	7 .7		HIIBBAI	RD FUNER	AL HOME,]	NC.	-	
	- month	when		4107	WILKENS	AVENUE-BAI	TIMORE	, MD	. 21229
I	23. PART i. Entar the diseeses, or com shock, or heart failure. List	plications that caused the tonly one cause on each	deeth. Do not er	iter tha mo	de of dying, suc	h as cardiec or resp	iratory arres	t,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	0							Onset and Death
1	resulting in dasth)	Respirator	ry tails	ve					6 hours
	_					is.			276
ō	Sequentially list conditions, if any, leading to immediate	RESPIRA- DUE TO (OR AS A CON	SEQUENCE OF):	Y C 50	prigrom	6			221000
SA	cause. Enter UNDERLYING	Premat							22 hors
E	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CON							
CERTIFICATION	resulting in death) LAST								
AL C	PART II. Other significant conditions conditions	ontributing to deeth but n	ot resulting in the	underlying	cause given in	Part I. 24s. WAS AF	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS
2		atoritu	A Debug Popular			PERFO	RMED?	AW	AILABLE PRIOR TO IMPLETION OF CAUSE
	DULMMANY	intustiac en	n nh V Sem	3		1 YES	2 3CHO		DEATH?
=	hypotension		121730775			_		''	YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	1 VES 2 NO	OSPITAL: Cinpatient 2 - ER/Outpatien		IER: Nursing Home	5 🗆 Residence	8 Chher (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU	JRY AT	28d. OESCRIBE HOW	INJURY OCCUP	IED	
BY	1 Netural 5 Pending 2 Accident Investigation		, i		ES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, ferm, street,	factory, office		281. LOCATION (Street City or Town, Stete	and Number or	Rural Route	Number,
<u> </u>									
릴		N: To the beat of my knowledge							
COMPLETED	2 MEDICAL EXAMINER: 0	On the basis of examination and	l/or investigation, in r	ny opinion, de	ath occured at the	time, dete and place, a	nd due to the o	euse(a) en	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1/2	11 3	. , 🗍	29c. LICENSE NUM	IBER	29d. DATE S	IGNEO (MC	onth, Day, Year)
2	20 NAME AND ADDRESS OF DEPOSIT	K. M. //	tousestay	7	J911	01	7	171	93
.	30. NAME AND ADDRESS OF PERSON WHO CO	DE OT POLICE	(TEM 27) (Type, Print)		31 4	-	HD		
	VALUETIE A BOCK M 31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGNATUR	VOLFEST.	Johns	Hopkins H	osp Ball	0 215	28.7	
	7/7/92	- STILLING GIGHALUM	-			•			



FOR

		1 - STATE REGISTRAR		CE			F DEATH	REG. NO	_	
	- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATN
		RANDOL	PHLAVON	J	MET,	JIN			1993	14:14 M
	1 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. las	.,	IF UNDER 1 YEAR		7. DATE OF BIRTH	8.5	BIRTNPLACE (State or Foreign Country)
2		216-78-3589	1] M 2 F	33	YRS.	MONTHS DAY	HOURS MIN.	12/07/	59 N	. C .
3 should	_	9e. FACILITY NAME (If not institution, give st				9b. CITY, TOW	N OR LOCATION OF D	EATN	9c. COUNTY	
2, 3	DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL			BALTI	MORE CITY		BAI	TIMORE
es +	S S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Pag	뜸	Md.				Balti				LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER					10f. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
ist	FUNERAL	446 E. Federal	St.				21202		U.S.A	
physician, burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARI	MED	13. WAS D	ECENDENT OF NISPAL	NC ORIGIN? (Specify Ye		RACE — American Indien, Black, White, etc.
	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	PATES	10		specify Cuben, Mexica ES 2 NO Specif			Specify:
as as		15. DECEDENT'S EDUC	AT-1011							lack
~ 3	1	(Specify only highest grade	completed)	16a. DEG	VE kind of N	VSUAL OCCUPA work done during to retired.)	TION most of working	166. KIND OF BU	SINESS/INDUST	RY
ed fo	2	Elementary/Seconder (0-12)	College (1-4 or 5+)			orer		Ind	dustry	
the hospital of detached for once.	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			Dube		18. MOTHER'S NA	ME (First, Middle, Malden		
5 B 6	BE C	LaVon	Melv	/in		4	Gold		McDon	ald
5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (Street		Route Number, City or Tov		
be ret ge 5 s	F	Goldie Melvin			250	02 E.	Chase St	. Balto	., Md.	21213
P 2 2		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo				OF DISPOSITION	Name of	DATE 20c. LC	OCATION — City	or Town, State
Page 6 ma il director, p		4 Tonetion 5 Other (Specify)	F	netery, crer		ce Cem	eterv	18/28 B	altimo	re, MD.
death. Pag tuneral di examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF FA	CILITY		
		Betts Fune	ral Home			1129	N. Card	oline St.	. Balt	o.Md.21213
n by remo		23. PART i. Enter the diseeses, or contact the end of t	omplications that cause	d the dec	eth. Do r	Dt enter the r	node of dying, auc	h as cardiac or reep	iretory arrest,	Approximate
		IMMEDIATE CAUSE (Final	A	racii iiile.						interval Between Oneat and Death
		disease or condition resulting in death)	DUE TO (OR AS A	^						6 hours
8 5 - 6			DUE TO (OR AS A	A CONSEO	UENCE O	7:				1.40.
at pro	8	Sequentielly list conditions,	DUE TO (OR AS A		I FNOT OF					1 day
cian or b	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				•				Ida
e p	윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	A CONSEO	UENCE	h:				1209
death certificate attending physient physiene ph	E	resulting in death) LAST								' I
the death certifithe attending parties of the attending parties of the parties of	2	PART II. Other aignificant conditions	Contribution to double		- 101 - 1					
and by	DICAL	venal fue		out not re	euiting	n the underly	ing cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		Meds	uy .					1 □ YES	NO	COMPLETION OF CAUSE OF DEATN?
has been sign Dept. of Heaf	: MEC	1,50	4 , A10)					-		1 TYES 2 NO
has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	4 1 17112)			26	PLACE OF DEATH (Ch	nck only one)		_
PHYSICIAN: The this certificate h with the State I weth or Item	SC	EXAMINER?	HOSPITAL:	patient 3	DOA.	OTHER:	ome 5 Residence			
SICIA certif th the d, or	Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	I	28b. TIM	E OF 26c. I	NJURY AT	26d. DEŞCRIBE NOW	INJURY OCCURE	D
NG PHYSi fter this c eath with marked,	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ		VORK? YES 2 NO			
NDING F R. After Ir death Is mar	ED B	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, etc. (Spec	/ — At hon	ne, lerm, a	treet, factory, of	fice	261. LOCATION (Street City or Town, State)	end Number or R	ural Route Number,
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h. hours after death with the State Litem 28 is marked, or Item	1	4 Nomicide determined		oy7				City or lown, State,		
	COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the beat of my know	rledge, dea	th occurre	d at the time, de	rte end placs, end due	to the cause(s) end me	nner ee stated.	
HOSPITAL FUNERAL Within 72 TANT: If	MO		: On the besis of examination							rse(e) end manner es stated.
To the Hospital To the Funeral De filed within 72 Important; if	ш	296. SIGNATURE AND TITLE OF CERTIFIER		-			29c. LICENSE NUN			NED (Month, Day, Year)
H C C S	0 B	L					Bur		I	1-10 163
	ř	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM	27) (Туре,	Print)		ullo B.	0	41.12
	7.	Mulea lealer	Preca		01	Wolfe	Su low	ullo B.	- lhous	~, nD
	0	AUG 2 0 1993	32. REGISTRAR'S SIGN	ATURE R	nde se					



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RV FIINEDAL
CATE ETEN
TO BE C
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
C	DECEDENT'S NAME (First, Middle Last)		

	1 - STATE REGISTRAR	SIAIE UF			ITMENT OF I				YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, A	Middle, Last)		-	IONIE OI	DEAT		2. DATE OF D	EATN		3.	TIME OF DEATH
	William	D Ma	rlev					MONTH	/ DA	3	YEAR	11100 AM
	4. SOCIAL SECURITY NUMBE	1	4	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BI	RTN	,	8. BIRTNPL	ACE (State or Foreign
	219-18-1	802/2H20F	17	O YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day,	Year)	22	Country) Md	1
	9a. FACILITY NAME (If not insti	itution, give street and number)			9b. CITY, TOWN	OR LOCATION	OF DEAT	-		9c. COUN	ITY OF DEAT	
OR	North West F	Hospital			Randa	ωm	Baltimore (Country	
5	RESIDENCE OF DECE	DENT 10b. COUNTY			****			Derre	TIMOT	Courtey		
DIRECTOR	2000	4			Y, TOWN OR LOCA							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	N/A	-		Baltimor							YES 2 NO
FUNERAL	Control Contro					f. ZIP CODE						T COUNTRY?
N.	429 S. Augu	1sta Avenue-F	altimor	ce. Md.	1 40 1170 00		229				. S.	
	1 Never Merried 2 M	ferried FORCES?	1 YES 2	NO	If yea, ap	ecify Cuban,	Maxican,	ORIGIN? (Spe Puerto Rican,	ecify Yea atc.)	or No—	14. RACE — Black, W	American Indian, thits, etc.
B	3 Widowed 4 Divorc	ed IF YES, GIVE	WAR OR DATES		1 TYES	200 NNO	Specify:			1	Specify: Whi	te
COMPLETED	15. DECEE	DENT'S EDUCATION highest grade completed)	16a.	DECEDENT'S	USUAL OCCUPATI	ON		16b. KIND	OF BUS	INESS/IND		
	Elementary/Secondary (0-1)		5+)	life. Do NOT us	work done during me se retired.)	ost of working		1				
MPI	N/A	N/A		Custo	odian				Isp	pa		
8	17. FATHER'S NAME (First, Mide	137						(First, Middle,				
H		ce W. Marley					erth			Lowsk		
2	19a. INFORMANT'S NAME (Typ				ADDRESS (Street							
	Mrs. Elva C.				August		Ba.	Ltimor	e, I	ld. 2	1229	
	20a. METHOD OF DISPOSITIO 1 III Burlai 2 ☐ Cremation	3 Removal from State	20b. PLA	CE AND DATE	OF DISPOSITION (Na ther place)	ame of	0 07	OATE	20c. LOC	ATION —	ity or Town,	State
	4 Donation 5 Other (S 21. SIGNATURE OF FUNERAL		_ Loud	ion Pai	rk Cemet	OND ADDRESS	0-27	72	Ba	altin	ore,	Md.
								Avenu	ıe			
	G. Ti	ruman Schwab						21229				
	23. PART I. Enter the disc shock, or hea	eesea, or complicatione ti art fallura. Liet only one co	nat caused the ouse on each i	deeth. Do r iine.	ot enter the mo	de of dyln	g, such	ea cerdiec o	r reepir	atory arre	eet,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)		PAIE	01 m n 1	\wedge							Onset and Death
	resulting in death)		O (OR AS A CON									1 Week
_			ARD	_	ARQ	7	-					
CERTIFICATION	Sequentially list condition if any, leading to immedia	ns, Due 1	O (OR AS A CON			C / 1						
8	cause. Enter UNDERLYING CAUSE (Disease or injury	G										[
드	that initiated events	DUE T	O (OR AS A CON	ISEQUENCE OF	7):							
ER	resulting in deeth) LAST	d										
	PART ii. Other eignificent	conditions contributing t	o death but no	ot resulting i	n the underlyin	a ceuse alv	en in Pa	rt i. 24a.	WAS AN A	UITOPSY	245 WE	RE AUTOPSY FINDINGS
ICAL		UNARY ARTE							PERFORM	MED?	AW	ALABLE PRIOR TO
MED				7 - 4 -				- '8	YES 2	NO		DEATH?
≥ :				<u> </u>				-			1	YES 2 NO
Į.	25. WAS CASE REFERRED TO	MEDICAL			26. PI	ACE OF OEA	TH (Check	only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	t 3 🗆 00A	OTHER:	e 5 🗆 Rusie	dence 6	Other (Spec	offv)			
훉	27. MANNER OF OEATH	28s. OATE C	OF INJURY Day, Year)	28b. T/M	E OF 28c, INJ		-	8d. OESCRIBE		JURY OCC	UREO	
BY I	Natural 5 Pe	ending restigation				YES 2 🔲	NO					
	3 Suicide 6 Co	Duligine	OF INJURY — At	t home, term, a	treet, factory, offic		2	61. LOCATION City or Town	(Street ar	nd Number	or Rural Route	Number,
	4 Nomicide del	termined										
7	29a. CERTIFIER 1 CERTIF	YING PHYSICIAN: To the beat	of my knowledge,	, death occurre	d at the time, data	and place, a	nd dua to	the cause(a)	and mann	or an state	d.	
COMPLETED	one) 2 MEDICA	AL EXAMINER: On the beals of	examination and	/or investigatio	n, In my opinion, d	eath occured	at the tim	e, data and p	lace, and	dus to the	cause(a) an	d manner sa stated.
BE C	29b. SIGNATURE AND TITLE OF	F CERTIFIER				29c. LICENS	SE NUMBE	R		29d. DATE	SIONED (Mo	onth, Day, Year)
TO B	Pet	M Deg	A con	SIDE PAI	MOLUGIST	D	1467	3		•	8/19/9	13
	30. NAME AND ADDRESS OF P		USE OF OEATN (TEM 27) (Type,	Print)							
7		- RICK BAC										
9	31, DATE FILED (Month, Day, Yea	7/1993 32 9600	ART SIGNATURE	Fande	و							
~	AU US#7	1 13 13										

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CENTIF	ICALE O	PUENIF	1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Mary	Jean	MOR	RIS		2.	MONTH 08-19-93	Y	year 7:15 a _M
		. SEX 8. AGE (In y	rs. lest birthday) : YRS.	IF UNDER 1 YEAR MONTHS DAYS		4004	(Month, Day, Year) 6-19-1934		8. BIRTNPLACE (State or Foreign Country) PA
NC.	90. FACILITY NAME (If not institution, give stree Franklin Square H			POSSY	OR LOCATION			9c. COUN	TY OF DEATN LTIMORE
1 5 1	RESIDENCE OF DECEDENT			11000					
DIRECTOR	Maryland Balti	more	200	timore					10d. INSIDE CITY LIMITS? 1 YES 2 NO
4	10e. STREET AND NUMBER				IOI. ZIP CODE			10a. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	7416 Virginia Ave.				21236			U.S	S.A.
B⊀	1 Never Married 2 X Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 X NO	If yes,	ECENDENT OF I specify Cuben, I ES 2 [X] ND	Vexican, P	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give kind of a life. Do NOT us		most of working		16b. KIND OF BUS	INESS/INDU	JSTRY
8		3 Yrs.	R.N	. (Regi	stered	Nurs	ge)		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER	'S NAME	(First, Middle, Maiden	Surname)	
BE C	John Letrick				Susa		Adamson		
2	190. INFORMANT'S NAME (Type/Print) Leland P. Morris	Jr.					to Number, City or Town 1timore,		
	20a METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	20b. PL	ACE AND DATE	of Disposition	Nama of		OATE 20c. LOC		Hy or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN				AND ADDRESS			sey,	Mu.
	· Roy H. Cat	KOV H. Lath	er					ford Ro	d., Balto.Md. 21214
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each	ine.						intarvai Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	DUE TO (OR AS A CO	MSEDVENCE OF	· ·	net tex	L	ung Co	ance	K.
CERTI	reaulting in death) LAST								
MEDICAL	PART II. Other algorificant conditions of the co	contributing to desth but		in the undarly		en in Par	rt J. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	- Kuphind	atuenha	Nik	+ (01	Dow	u,			
X	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE DF DEAT	TN (Check	only one)		
25	EXAMINER?	SPITAL: Inpetient 2 - ER/Outpetie	or 3 □ DOA	OTHER:	- F C Book] O# (O#1)		
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 netural	28a. DATE OF INJURY (Month, Day, Year)	26b, TIM	E DF 28c.	NJURY AT WORK?	26	Other (Specify) Id. DESCRIBE NOW IN	JURY OCC	URED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE DF INJURY — building, etc. (Specify)	At home, farm,			_	8t. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Number,
COMPLET		N: To the best of my knowledg							id,
TO BE C	296. SIGNATURE AND THE TOT CENTIFIER	50000	•		29c, LICENS	38	3 754	▶ 8	SIGNEO (Morith, Diey, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETEO CAUSE DE DEATH	(ITEM 27) (Type	BSROA	Disay,	BA	LAMORE	_ M3	0-21231.
10	31. DATE/PILEO-(MOTIN, Day, Year)	REGISTRAR'S SIGNARY	IRECAL						

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

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1		4	٠,	1
			-	

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG. NO.

1	1. DECEDENT'S NAME (First, Middle, Las				11.			HONTH	DAY	YEAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	John I	Ernest 6. AGE (In yrs.		ller			DATE OF BIR			
	295-14-3305	1 XM 2 - F	76	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS M	IIN.	(Month, Day, 1	9/17	Per	TTHPLACE (State or Fountry) nnsylvan
CTOR	9a. FACILITY NAME (If not Institution, given Meridian—Cromwe RESIDENCE OF DECEMENT		g Cente	er		Baltin			9c. C0	Ba]	Ltimore
DIRE	Maryland 10b. coun	Baltimo	ore	10c. CITY	Y, TOWH OR LOC	Per	rry	Hall			10d. INSIDE CITY LIMITS? 1 \(\text{YES} \) 2 \(\text{X} \)
FUNERAL	9900 Pepperhi						2112			US	F WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	If yes, s	ECENDENT OF H specify Cuban, M ES 2 NO S	laxican, Pu	RIGIN? (Spec verto Rican, e	olfy Yea or No— rtc.)	Ble	ACE — American India ack, Whita, atc. ecity: White
ETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +		DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATI work done during ri se retired.)	TION most of working		16b. KIND	OF BUSINESS/I	INDUSTRY	
COMPLET	12. 17. FATNER'S NAME (First, Middle, Last)	College (File of 5 Y		Sales	Manag		'S NAME (First Middle i	Lique		Tholesal
BE C	Victor	Duncan	Mille			1	Li11	ie	Belle	Ai	iken
2	19a. INFORMANT'S NAME (Type/Print)		1			et and Number or F					
	Barbara T. Mi 20a. METHOD OF DISPOSITION 1 Burlel 2 Commention 3 Re			CE AND DATE O	OF DISPOSITION ((Name of	Ì	DATE 2	rry H		, MD 211 Town, Stata
	Metro Crematory, Inc. 8/19 Baltimore, MD										re, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	Kan M	111	22. NAME	and address d	OF FACILITY	Υ.	of M	d	Inc
	1	1	1					TOTAL			
	23. PART I. Enter the diseases, o ahock, or heart failure	MacNabler complications the complications cause.	t caused the	death. Do n	299	Freder	rick	Roa	d Bal	to.,	MD 212 Approxime
7	23. PART I. Entar the diseases, o	r complications the	t caused that ise on each is	death. Do n	299 not enter the m	Freder	rick	Roa	d Bal	to.,	MD 212
TIFICATION	23. PART I. Enter the diseases, o ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition	s. List only one cau s. Due to b. Due to	t caused that ise on each is	SEQUENCE OF	1299 not enter the m ry Fo	Freder	rick	Roa	d Bal	to.,	MD 212 Approxime
CERTI	23. PART I. Enter the diseases, o ahock, or heart failure immediate condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s	to caused that see on each is considered to the	SEQUENCE OF	1299 not enter the m ry Fo	Freder node of dying,	rick such ss	Roa cardiec or	d Bal:	to.,	Approximatintarval Be Onset and
MEDICAL CERTI	23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	to caused that see on each is considered to the	SEQUENCE OF	1299 not enter the m ry Fo	Freder node of dying,	rick such ss	Roa cardlec or	d Bal	to.,	Approxime interval Be Oneet and
MEDICAL CERTI	23. PART I. Entar the diseases, o ahock, or heart felium immediate CAUSE (Final disease or condition resulting in death) Sequentisliy list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	s	to caused that see on each is considered to the	SEQUENCE OF	299 not enter the m ry Form richia file richia	Freder node of dying,	AC on in Part	Roa cardlec or	d Bal:	to.,	Approxime interval Be Oneet and Onee
MEDICAL CERTI	23. PART I. Enter the diseases, of ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST PART II. Other algorificant conditions.	s	to caused that see on each is considered to the	SEQUENCE OF SEQUENCE OF ot resulting is	299 not enter the m y	Freder mode of dying, fing cause give	Acon in Part	Roa cardlec or	d Bal respiratory	to.,	Approxime interval Be Oneet and Onee
PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of the conditions	s	COR AS A CONI	SEQUENCE OF SEQUEN	1299 not entar the m y To ri in the underlyi 26. OTHER: 4 Whyrsing No	Freder node of dying, which is a second of the control of the cont	Part N (Check o	Roa cardlec or	d Bal respiratory	to., srrest,	Approxime interval Be Oneet and Onee
TED BY PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, o ahock, or heart felium immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	s	COR AS A CONICIONAL CONTROL CO	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF	1299 not entar the m y To ri in the underlyi 26. OTHER: 4 Whyrsing No	Freder mode of dying, ing cause give PLACE OF DEATI ome 5 Reside NURY AT WORK? YES 2 NO	Prick such as Acon in Part	Roadecordecordecordecordecordecordecordecor	d Bal: respiratory: vas an autops ERRORMED? YES 2 IP NO (Street and Num)	srrest,	Approxime interval Be Oneet and Onee
MPLETED BY PHYSICIAN: MEDICAL CERTI	23. PART I. Entar the diseases, o ahock, or heart felium immediate CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condit	s	caused that see on each is on eac	SEQUENCE OF SEQUENCE OF Ot reaulting is 28b. Tilling Indian term, a	299 not entar the m	PLACE OF DEATH OME 5 Reside NUMBER AT WORK? YES 2 No	N (Check o	Road cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec of cardlec	d Bal: respiratory	SY 2 OCCURED stated.	Approximation interval Be Onset and
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the cond	S. DUE TO b. DUE TO c. DUE TO d	t caused tha see on each is on ea	SEQUENCE OF SEQUEN	299 not enter the m y	PLACE OF DEATH OME 5 Reside NUMBER AT WORK? YES 2 No	N (Check o	ROA cardlec or li 24a, v p 1 Other (Species City or Town the cause(a) a the data and pi	d Bal: respiratory	SY 2 OCCURED Note or Run Stated. Othe cause DATE SIGN	Approximation interval Be Onset and
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	23. PART I. Entar the diseases, or ahock, or heart feiture immediate CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions of the conditions are sufficient to the conditions are suf	S. DUE TO b. DUE TO c. DUE TO d	COR AS A CONICO AS	SEQUENCE OF SEQUENCE OF SEQUENCE OF The resulting is a pool of the sequence of	299 not enter the m y	Fredenmode of dying, Indicate of dying, Indicate of dying, Indicate of dying, Indicate of death of dying, Indicate of dyi	N (Check of the titthe time of the titthe time of the	Roacestdlec or cardlec or cardlec or cardlec or cardlec or cardlec or cardlec or cardle control cardle card	d Bal: respiratory	SY 2 OCCURED stated. o the cause OATE SIGN O8 /	Approximatintarval Be Onset and Onse



1 - STATE

	HEGISTHAR			ERIIF	ICAIL	OF	DEATH		REC	S. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)								DATE OF DE			3. TIME OF DEATN
	William Marior	Nash						-1'	MONTH	1 8	CP 3	830 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HF	RS. 7.1	DATE OF BIR		A. BJRT	NPLACE (State or Foreign
	578-01-8819	1 🔀 📈 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS MI	_	(Month, Day,)		Coun	try)
	9a. FACILITY NAME (If not institution, give s		0.5						2-26	<u> - 0,8</u>		sh. D.C.
œ							R LOCATION O			9c.	COUNTY OF	DEATN
<u>ē</u>	520 Londontow	n Rd.			Ed	gew	ater,	Md2	1037	Ar	nne A	rundel
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			1 40 - 017	Y, TOWN OF							
₫		e Arunde	1 Cou	ntv	T, IUWN OF	LUCATI	ON					10d. INSIDE CITY LIMITS?
				107	E	<u>dqe</u>	<u>water</u>					1 YES 2 NO
₹	10e. STREET AND NUMBER						ZIP CODE			10g	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	520 Londontow	n Rd					21037	1			US.	Α
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. W	AS DECE	ENDENT OF NIS	SPANIC O	RIGIN? (Spec	Ify Yes or No		
	1 Never Married 2 Merried	FORCES? 1	R OR DATES	** °	H.	yes, spe	cify Cuban, Ma	xican, Pu	erto Rican, e	tc.)	Blac	E — American Indian, ck, White, etc.
B	3 Widowed 4 Divorced					_ 163	MYWO St	Doully.			Spec TAT	hite
COMPLETED	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OCC	CUPATIO	N		16b, KIND (OF BUSINES	S/INDUSTRY	III CE
ᇤᅵ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	lin (C	Silve kind of u	work done du se retired.)	iring mos	t of working					
7									C.	arn c	of 7 %	my Eng.
8	17. FATHER'S NAME (First, Middle, Last)	-		Mach	anis	+	16. MOTNER'S	NAME (my Eng.
	Chase Nash						Mabel			Aalden Sumai	me)	
86	19a. INFORMANT'S NAME (%po/Print)											
٩							d Number or Ru					04000
	Georgia Nas	sn						d.,	Eage	ewate	er Ma	21037
	20s. METHOD OF DISPOSITION XIXBurial 2 Cramation 3 C Rem	oval from State	20b. PLACE cemetery, cr		OF DISPOSIT	ION (Nar	ne of		OATE 2	Oc. LOCATIO	N — City or Ti	own, State
	4 Donation 5 D Other (Specify)		Mt. C	omfo	rt C	eme	terv	i		Alex	kandr	ia, Va.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZENSBE /	111	1	22, N	AME AN	D ADORESS OF	F FACILIT	Υ			
	Date:	4 //2	del	K	H	ard	esty	Fun	eral	Home	P.A	., 12
\dashv	23. PART i. Enter the diseases, or	1 won		f								
	ahock, or heart feilure.	List only one caus	ceused the d e on each lin	eeth. Dor e.	ot enter t	he mod	le of dying,	auch aa	cardiac or	reapirator	y arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	5 00										Onset and Death
	disease or condition resulting in death)	SAR	COM	9								
		OUE TO (OR AS A CONSE	OUENCE O	F):							
z		b.										
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate	OUE TO (OR AS A CONSE	OUENCE OF	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C.										
Œ.	that initiated events	DUE TO (R AS A CONSE	OUENCE OF	F):							
	resulting in desth) LAST	d.										
- 11												
EDICAL	PART ii. Other aignificent condition	s contributing to d	eath but not	resuiting i	in the und	eriying	cause given	in Part	i. 24a. W	AS AN AUTO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
읒ᅦ										ES 2 N		COMPLETION OF CAUSE
									1			OF DEATH?
5												1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26 Dt 4	CE OF DEATH	(Check -	nhr one!			
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:							
≚ I	27, MANNER OF OEATH	1 ☐ Inpatient 2 ☐ ☐					5 Realden	_				
	Netural 5 Pending	(Month, Day	Year)	28b. TIM INJ	URY	Sc. INJU WOR	IK?	28d	. OESCRIBE	HOW INJURY	CCCUREO	
à l	2 Accident Investigation						ES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm, s	street, fector	y, office		26f.	City or Town,	Street and Nu State)	imber or Rural	Route Number,
	Nomicide determined											
ᆲ	29a. CERTIFIER (Check only CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, de	eath occurre	d at the tim	e, data s	and place, and	due to the	e cause(a) an	d manner as	atated.	
Σ∥												s) and manner sa stated.
വ												,
											manr /	
BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER		En Co.	LEV	ממ		29c. LICENSE		1	29d.		(Month, Day, Year)
	29b. SIGNATURE AND TITLE OF CERTIFIER SPATKINS	For Ens		LEV	פמ		15	NUMBER	8	29d.		(Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER SPATKINS			LE V	Print)		108	7/1	8	•	8/6	187
BE	29b. SIGNATURE AND TITLE OF CERTIFIER SO WATKINS 30. NAME AND ADDRESS OF PERSON WHI	For Ens	OF DEATH (ITE	1 196	rn EST (108	7/1	8	•	8/6	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER SPATKINS	FOR ENS	OF DEATH (ITE	1 196	rn Prins EST (108	7/1	8	•	8/6	187

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32/ REGISTRAN'S SIGNATURE

93 24426 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUGUST 18,1993 HARRY **ORMAN** 6:55 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign DAYS HOURS (Month. Pay. Year) 9-18-1909 MARYLAND 220-32-3128A 1XXM 2 - F 83 YRS. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 725 MT. WILSON LANE DIRECTOR BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10b. COUNTY 10c CITY TOWN OR LOCATION MARYLAND BALTIMORE permit. FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 6701 PARK HEIGHTS AVENUE, APT. 3C 21215 USA hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT bee retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY jo Elementary/Secondary (0-12) College (1-4 or 5+) detached 4 RETAIL MERCHANT LIQUOR STORE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the e LENA COHEN WILLIAM ORMAN BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7126 PHEASANT CROSS DRIVE BALTIMORE, MD 21209 MR K. ALAN ORMAN e pe 20s. METHOD OF DISPOSITION

1XX Burlei 2 Cremation 3 Removal from State
4 Donation 5/D Other (Specify) 20c. LOCATION — City or Town, State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 8-19-93 BALTIMORE, MD ARLINGTON—CHIZUK AMUNO examiner 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. nours after death. Pled in by the funeral Lydre 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 medical 23. FART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximeta shock, or heart fallure. List only one ceuse on each line. interval Between i completely filled is 0 **Onset and Death** IMMEDIATE CAUSE (Final Cardiopulmonary arrest. diseese or condition within the resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): heart disease. precuted thero I dero Lic burial, traumatic CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to 8 1erter 1100 14 CAUSE (Disease or Injury other DUE TO (ON AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 death injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL signed by t Health and hibrillatia any 1 YES 2 NO OF DEATH? shows 1 YES 2 NO PHYSICIAN: has by Dept. MB 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate I HOSPITAL: OTHER:
4. Nursing Home 5 - Residence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: 1 TYES 2 100 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, this co 1 Natural 5 Pending 1 YES 2 NO After t BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 60 ED 6 Could not be DIRECTOR: / 4 Homicide 28 COMPLET Item 29s. CERTIFIER 1 SCENTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: \$ 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mg/th, Day, Year) BE 3 2 30337 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 BALTIMORE 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.				
)	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH			
		Ruth May	0gden			Augus	t 18, 19	993 7:30 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (N		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	8. BIRTHPLACE (State or Foreign Country)			
3	215-22-7420 9e. FACILITY NAME (If not institution, give st		/ 1	CITY TOWN I	R LOCATION OF D	08/2		Maryland			
DIRECTOR	4304 Nicholas	The second second	206		ltimore	9c. COUN	9c. COUNTY OF DEATH				
EC	10a. STATE 10b. COUNTY	,	10c. CITY, TO	OWN DR LOCAT	IDN			10d. INSIDE CITY			
	Maryland 10e, STREET AND NUMBER			100	Balt	imore	10- 01717	LIMITS? 1 X YES 2 NO TEN OF WHAT COUNTRY?			
FUNERAL	4304 Nicholas	Δνοημο		"		206	10g. CF12	USA			
<u>N</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPA	NIC ORIGIN? (Spe		14. RACE - American Indian,			
BY F	1 Never Married 2 Married 3 TyrWidowed 4 Divorced	FORCES? 1 YES			2 X NO Specie		rtc.)	Black, White, etc. Specify:			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL OCCUPATION		101 151110		White			
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use ret	done during mo		160. KIND	OF BUSINESS/INDU	JSTRY			
4	11	College (1-4 of 5 4)	Factor	y Wor	ker	0	ffice S	Supplies			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,					
BE	George I	<u>leim</u>				resee		Sadler			
2	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip (
	Dian E. Harris		1 4304 N					MD 21206			
	1 Burial 2 Cremation 3 Remo	oval from State	etro Cren	olace)	Tnc	R/10	Do 1 + i m	ity or Town, Stats			
	21. SIGNATURE OF PORERAL SERVICE LIC	ENER Me M	CIO OICI	22. NAME AN	ID ADDRESS OF EA	ICILITY					
	George E. MacNabb Cremation Society of Md., Inc. 299 Frederick Road Balto., MD 21228										
	23. PART I. Enter the diseeses, or c	omplications that caused	tha deeth. Do not a	enter the mo	de of dying, aud	ck koa	d Balto	et, Approximate			
	ahock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on ea	ch ilne.				,	interval Between Onset and Death			
	disease or condition	Cardine	Archetlan	166				15 mi			
		DUE TO (OR AS A	CONSEQUENCE OF):	0				13 ////			
NO	Sequentielly list conditions,	. Coronau	A-ten	4 015	ease			1 year			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A)	CONSEQUENCE DF):								
띪	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE DF):								
H	resulting in death) LAST	J									
	PART ii. Other aignificent conditions	a contributing to death bu	it not resulting in th	a underlying	Cause given in	Part I 24a V	VAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL	Hypertension				, sause given in	P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Diabetes Met	Unites				_ '	YES 2 NO	DF DEATH?			
ž	Chronic Obit	rectione 1	lung	Dice	en-	_		1 123 2 10 10			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7	28. PL	ACE OF DEATH (Ch	neck only one)					
YSI	t YES 2 NO	1 Inpatient 2 ER/Outpa		HER: Nursing Hom	5 Residence	8 - Other (Speci	fy)				
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	28d. DEŞCRIBE	HOW INJURY OCCU	JRED			
BY	2 Accident Investigation	28a. PLACE DF INJURY -	— At home ferm etree!	M 1 7		201 LOCATION	(C	D-12-4 N-14-			
	4 Homicide 8 Could not be	building, etc. (Specif	(y)	i, metory, orner		City or Town	State)	or Rural Route Number,			
	29a. CERTIFIER 1 DECERTIFYING PHYSIC	CIAN: To the best of my knowle	day death accurred at	the sime date	and alone and du) - Mar (A)					
COMPLETED								cause(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Month, Day, Year)			
) BE	Felen Swane mi	2				B5062081		-18-93			
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print	1)							
	Feter Sogre MI	201 EU	nivarity	Pku	y Ral	timore	mb	21218			
3	AUG 20 1993	Julia Jay doon	-Aandell								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with its State Dapt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	00 :0		2. DATE O	F DEATH

	TEGISTIPAT				CENTIL	ICATE	- 01	DEATH		REG. NO			
	1. DECEDENT'S NAME (FIRST,	, Middle, Last)	Par	-KS					2. DATE OF	F DEATH DA			TIME OF DEATH
	4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In yr	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.		BIRTH Day, Year) 5/9	8	BIRTHPLI Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not in:	stitution, give :	street and number)			9h CITY	TOWN	OR LOCATION OF D		3/7	9c. COUNT		
DIRECTOR	St. Agna	s H	ospital					Liteman					mire
입	10a. STATE	10b. COUNT	v		100 017	10c. CITY, TOWN OR LOCATION							
	MARYLAND					DENTO		IIION					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	328 DARE ST	CREET					10	21113			10g. CITIZE	N OF WHA	T COUNTRY?
151	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. V	MAS DEC	CENDENT OF NISPA	NIC ORIGIN?	Specify Yes	or No-	RACE -	American Indian,
BY	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1			P P	f yes, sp	pecify Cuban, Mexic 3 2 NO Speci	an, Puarto Ric	an, etc.)	201023	Specify: WHI	Thita, etc.
	15, DECI	EDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OC	CUPATI	ON	16b. K	IND OF BUS	SINESS/INDUS	TRY	
COMPLET	(Specify only Elementary/Secondary (0-	y highest grade I-12)	College (1-4 or 5	+)	(Give kind of title. Do NOT us	work done a se retired.)	turing mo	ost of working					
Ö	17. FATNER'S NAME (First, Mi	iddle, Last)						18. MOTHER'S N	AME (First, Mio	die, Maiden	Surname)		
ш									VIC	TORIA	A PA	RKS	
TO B	19s. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rural	Route Number,	City or Town	n, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITI		THE STATE OF		ACEANDDATE		TION (N	ame of	DATE	20c. LO	CATION — CIT	y or Town,	State
	4 Donation 5 Other		loval from Stata		y, cremetory or o F. Ш. С. А. П		DAT		1201	B	ALTO.	. MD	.21229
	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE		-W - G-11-1			ND ADDRESS OF F))			
	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229												
	23. PART I. Enter the diseasea, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete												
	interval Between IMMEDIATE CAUSE (Fine)												
	disease Dr condition resulting in death)	→	Charge	whon	die	tus	-	Syndu	me				
			poletro	(OR AS A CO	MEQUENCE O	F):	-	0					
NO	Sequentially list condition		b. ACUL	(OR AS A CO	NSEQUENCE OF	relu	uli	1					
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY	NG		,	V	,)					İ
Ĕ	CAUSE (Diseese or Injust that initiated events		DUE TO	(OR AS A CO	NSEOUENCE O	F):							
	resulting in death) LAST	' L	d										
	PART II. Other eignifican	nt condition	an anatabuting to	death had	- 4								
EDICAL	TATT II. Other eigninous	Condition	- Contributing to	deeth but n	ibt resulting	in the unc	deriyin	g ceuae given in	Part I. 2	4a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO
ă									1	☐ YES 2	☐ NO		MPLETION OF CAUSE DEATH?
M												1 [YES 2 NO
ÿ													
호	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (C	neck only one)				
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2			4 🗆 Nurs	ing Nor	ne 5 🗆 Residence					
ву рь	1 Natural 5 F	Pending investigation	28s. DATE OF (Month, Di		26b. TIM	E OF URY M		IURY AT ORK? YES 2 ND	28d. DESCR	IIBE NOW II	NJURY OCCUP	RED	
	3 Suicide 6 0	Could not be determined	26e. PLACE O building,	F INJURY - A	At home, ferm, s	street, facto	ery, offic	•	261. LOCATE	ON (Street a Town, State)	and Number or	Rural Route	Number,
Щ	29a, CERTIFIER ~								l				
COMPLETED	(Check only		ICIAN: To the best of ER: On the basis of as										d manner es stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	>.					29c. LICENSE NU			29d, DATE 5	S/9	onth, Day, Year)
T0	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type,	Print)		1 10			//	1/	
	31 DATE EN ED ALTER ST	1000	TA FOR	1 - 70/	(0)	44.							
	AUG 20	1993	2. REGISTRA		RE	4							

	nest per 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit personal density and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE				DEAT		REG	. NO.			
i i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA				3. TIME OF DEATH
	CARL	THO	MAS			PEF	RKIN	s	08/05	/19	93	YEAR	3:32 P M
	226 17 0025	S. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRT	н		8. BIRTH Countr	PLACE (State or Foreign
		X M 2 □ F	30	YRS.	MONTHS	DAYS	HOURS	MIN.	4/26/6	3		Court	West VA.
_	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE	ATH		9c. COUN	TY OF D	EATH
5	MEMORIAL HOSPI'	TAL		CUMBERLAND ALLEGANY						1X			
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY, TOWN OR LOCATION									10d. INSIDE CITY
DIRECTOR	W. VA. Mari	on			Baxt						LIMITS?		
	10e. STREET AND NUMBER					101.	ZIP CODE				10a. CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL	P.O. Box 108, Fi	rst St.					2656	60				USA	
5		2. WAS DECEDEN	EVER IN U.S. VIRI	4ED					IC ORIGIN? (Speci		r No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	D		f yes, spe		Specify:	, Puerto Rican, at	c.)		Specif	White, etc.
													White
	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	(GA	EDENT'S to kind of a Do NOT us	vork done	CUPATIO during mos	N st of working	7	16b. KIND O	F BUSIN	NESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT GO	romod.j								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	ED'S NAL	IE (First, Middle, M	aldes C			
	Charles Per	kins							a Crosto		Arriantes)		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADORESS	(Street an	nd Number o	or Rural A	oute Number, City o	r Town.	State, Zip	Code)	
욘	Charles Perkins			P.O.	Box	108	, Fil	rst	St., Baz	cter	, W.	VA.	26560
	29e. METHOD OF DISPOSITION 1 1 Durial 2 Cremation 3 Remova	ol from State	20b. PLACE A			ITION (Nan	na of				TION — C		
	4 Donation 5 Other (Specify)		cemetery, crem	alle	CK C	emet	ery		8/10	Mon	onga	lia	County, WVA
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1		22. 1	NAME AN	D ADDRES	S OF FAC		1110	The same		Correian
	Druchael P. M.	argedel	-		39	81 C	arro	11+0	n Rd., U				l Service
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	npilcations that	caused the dea	th. Do n	ot enter	the mod	le of dyln	ng, such	as cerdiec or	respira	tory arre	est,	Approximate
	IMMEDIATE CAUSE (Final	t only one cau	se on eech line.										Interval Between Onset and Death
	disease or condition resulting in death)	Mu	LTIPLE	(NJ	URI	ES						
		DUE TO	OR AS A CONSEC	JENCE OF	7):								
NO	Sequentielly list conditions, b.	DIJE TO	OR AS A CONSEC	IENCE OF	٦.								
Ä	If any, leading to immediate cause. Enter UNDERLYING		o No H CONSEC	JENOE OF	<i>J</i> ·								
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEQ	JENCE OF	ን:								1
CERTIFICATION	resulting in deeth) LAST												
	PART II. Other significent conditions of	ontributing to	deeth but not re	sultina I	n the un	deskilna	Cours of	una la f	Part I. 24s. W			Levis	
MEDICAL			acoust but not re	auting (ii die um	derlying	ceuse gi	ven in r	PE	RFORM	E0?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
E				_					— 1)X Y	ES 2 [NO		OF DEATH?
									- '				1 _ YE\$ 2 _ NO
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	ATH (Chec	ck only one)				
PHYSICIAN:		OSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	l:			Other (Specify				
主	27. MANNER OF DEATH	28e. DATE OF	NJURY	26b. TIMI	E OF	28c. INJU	IRY AT				URY OCC	URED	TORCYCLE
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	08/05	93	1:3	8 Pa	WOR		NO T					
	- Accident	,	1 7ES 241 NO F					FIXED OBJECT/IMPACT 28f. LOCATION (Street and Number or Rural Route Number,					
	5 ☐ Suicide 6 ☐ Could not be	28a BLACE OF	INJURY — At hor	e, farm, s	treet, facto	ory, office			281, LOCATION (S	meet and			oute Number,
ETE:	5 Suicide 6 Could not be datermined	28a BLACE OF	INJURY — At horr	e, farm, s	treet, facto	ory, office		ľ	1AYSVII	State) LE			
PLETEC	4 Homicide datermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL	28e. PLACE OF building, CAR GA	AP ROAD	th occurre	d at the tir	me, date e	and place, o	end due t	1AYSVII	LE manne	WES	ST \	VIRGINIA
OMPLETED	4 Homicide datermined	28e. PLACE OF building, CAR GA	AP ROAD	th occurre	d at the tir	me, date e	and place, of	end due t	1AYSVII	LE manne	WES	ST \	VIRGINIA
E COMPLETED	4 Homicide datermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL	28e. PLACE OF building, CAR GA	AP ROAD	th occurre	d at the tir	me, date e	and place, of ath occurred	end due to	IAYSVII	I manne	WES	ST \ d.	VIRGINIA
8	29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE Of building, CAR GA	AP ROAD my knowledge, dear mmination end/or in	th occurre	d at the tir	me, date e	ath occure	end due to	IAYSVIII o the cause(e) end me, date end place	f manne	WES	d. couse(e)	VIRGINIA
	29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	28e. PLACE OF building, CAR GA	The Company ROAD The ROAD The Road Reserved From the Road Reserved	th occurre vestigation 27) (Type,	od at the tirn, in my op	me, date e	29c. LICEN	end due to d at the ti ISE NUME	AYSVIII o the cause(e) end ime, date end place ser	f manne	WES	ST \ d. SIGNEO (8)	oute Number, VIRGINIA and manner ee stated. Month, Day, Year)
8	29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF building, CAR GA	ME (Specify ROAD my knowledge, dear amination end/or in Land 11 Land 1	th occurre vestigation 27) (Type,	od at the tirn, in my op	me, date e	29c. LICEN	end due to d at the ti ISE NUME	IAYSVIII o the cause(e) end me, date end place	f manne	WES	ST \ d. SIGNEO (8)	VIRGINIA and manner ee stated. Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.		marked or How 22 shows and injury or other teneration areas the manifest and an analysis and an antitude of
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law re-	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMBODIANT: If Hem 29 to marked or Hem 22 ch

	STAT	Έ	DF	M	ARY	LAN	D	/ DEPARTMENT ERTIFICATE	DF	HEALTH F DEAT	AND	MENTAL	HYGIE REG. N	
5,	0		Α	_			4					2. DATE O	F DEATH	DAY

	1 - FOR STATE REGISTRAR	STATE DF MAR	RYLAND / D CEF	EPARTA	MENT DF H	IEALTH A	ND ME	NTAL HYGIEN					
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) A SOCIAL SECURITY MIMBER A SOCIAL SECURITY MIMBER	5.0						2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH		
	MICHAEL	FICARE	5R.				MONTH D	0 -	YEAR 3	4.55 A M			
	4. SOURCE SECOND F HOMBEN	S. SEA B. AGE (III yrs, lest birthday)			UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLACE (State or Foreign Country)			
	212–10–5809	1 XM 2 □ F	88	YRS.	HIRS DAYS	HOURS	MIN.	12-12-190)4	Italy			
~	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										EATH		
5	Northwest Hospital Randallstown Balti									Ltim	ore		
EC	10a. STATE 10b. COUNT	Y	11	Oc. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY		
Ha	Maryland Carr								LIMITS?				
	10e. STREET AND NUMBER					ZIP CODE		10g. CITIZ			THAT COUNTRY?		
ER	5706 Lakeside I	rive	2178				84		U	J.S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMEI	D				ORIGIN? (Specify Yea		14. RACE — American Indian			
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	R DATES				Mexican, P Specify:	uerio Rican, atc.)		Black, White, etc. Specify:			
	15. DECEDENT'S EDU	I									" White		
	(Specify only highest grade	completed)	(Give i	DENT'S USI kind of work NOT use re	JAL OCCUPATION done during mo	N st of working		16b. KIND OF BUS	SINESS/INDU	STRY			
PL	Elementary/Secondary (0-12)	College (t-4 or 5+)			lder			Stool	Indu		. 7		
OM	17. FATHER'S NAME (First, Middle, Last)			WC.	LGEL	18. MOTHER	'S NAME	(First, Middle, Maiden		SLL	У		
	Raphael Picare	ella						Maffei	,				
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Street a			e Number, City or Town	n, State, Zip C	Code)			
ř	Mrs. Mary L. Pic	arella	57	06 La	akeside	Drive	e Syl	kesville,	MD 2	178	4		
	20a. METHOD OF DISPOSITION 1 [X]Burlai 2 [] Cremation 3 [] Rem	oval from State	20b. PLACE AND	DATEOFD	ISPOSITION (Na	me of		DATE 20c. LO	CATION - CI				
ļ	4 🖺 Donation 5 🗆 Other (Specify)	1-1-100-076	Lake	View					Sykesv	ill	e, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)												
	Gruan C	8. Hais	Ut		Syk	esvil	le, N	4D 21784	(410)	-79			
	23. PART i. Enter the diseasea, pro	Dimplications that call	used the deeth	. Do not	enter the mo	de of dying	, auch a	a cerdiac or reepi	ratory erre	et,	Approximate		
1	ahock, or heart fallure. List only one cause on each line. Interval Between Onset end Death												
	resulting in death) e. SASTRO INTELTING BLEEDING												
	DUE TO (OR AS A CONSEQUENCE OF):												
o N	disease or condition resulting in death) e. GASTLO INTELTING BLEEDING DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
Ä	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
띮	resulting in deeth) LAST	d											
	PART ii. Other aignificent condition	ne contributing to dee	th but not ree	iting in t	he underlying	COLUMN CIN	on in Dar	t i. 24s. WAS AN	ALITOGOV	1	WERE AUTOPSY FINDINGS		
₹			21 1101 1000	in the same of	no uncertying	Couse give	on m rac	PERFOR		240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
								t TYES 2	■ NO	1	OF DEATH?		
≥											1 ☐ YES: 2 ☐-NO		
Ž.	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEAT	H (Check o	only one)					
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 🗆		THER: Nursing Hom-	5 🗆 Resid	ence 8	Other (Specify)		_			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	27. MANNER OF DEATH	20a. DATE OF INJU	RY 2	b. TIME O	F 20c. INJ	JRY AT		d. DESCRIBE HOW IN	NJURY OCCU	RED			
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation Investigation												
- 11	3 Suicida 8 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, Specify)	farm, strac	t, factory, office		28	f. LOCATION (Street a City or Town, State)	nd Number or	r Aural A	oute Number,		
	4 Homicide determined												
립		CIAN: To the best of my k											
Š		R: On the beals of examin									and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIES		29c. LICENSE				E NUMBER 29d. DATE			E SIGNED (Month, Day, Year)			
	Domw	A	Drok				X41	491					
-	30. HAME AND ADDITESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	V 596	DMA	1417	N	JW H								
	31. DATE FILED (Month, Day, Year) AUG ~ 0 1993 32. REGISTRAR'S SIGNATURE AUG ~ 0 1993												

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF HEALTH A	ND MENTA	NL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)		·		2. DATI MON	E OF DEATH	75	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS 8	to the state of th						
OR	9n. FACILITY NAME (If not institution, give st	reet and number)	and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT								
E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CITY, TOWN OR LOCATION								
	MD,		P	4 FAMORE				10d. INSIDE CITY LIMITS?			
ERAL	104. STREET AND NUMBER 5207 AMRILIA	DAD ALE		101. ZIP CODE	017	10g. CITI	ZEN OF WE	AT COUNTRY?			
FUN	11. MARITAL STATUS 1 Never Married 2 M Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13. WAS DECENDENT OF H	IISPANIC ORIGI	N? (Specify Yee or No-	14. RACE -	- American Indian, White, etc.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			Specify:	riscan, etc.,	137	er K			
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	6e. DECEDENT'S US (Give kind of world) life. Do NOT use	k done during most of working	16	b. KIND OF BUSINESS/IND	USTRY	-			
MPL	Elementary/Secondary (0.42)	College (1-4 or 5+)									
	17. FATHER'S NAME (First, Middle, Last)										
	190. INFORMANT'S NAME (Type/Print)	36J/B-	19b. MAILING A	DDRESS (Street and Number or	RIDIII	5 MARY	Code				
2	MARION/ GENER	5/15	4502	Martron	RICK	RN BOIT	mi	,21224			
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremellon 3 Remo		ACE AND DATE OF	DISPOSITION (Name of	1 PAT	TE/ 20c. LOCATION —	City or Tow	n, State			
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE LICE	ENSEE / VOR	WWSVI)	# NAME AND ADDRESS	OF FACILITY	93 (view	21/	E ///			
	Show 1971	Ine 1		GARY KINY	TARCES	tung RA/	FOW	1576			
	23. PART/I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	iMMEDIATE CAUSE (Finel disease pr. condition resulting in death)	SEPTIC S	Onset and Death								
		DUE TO (OR AS A COURT NARY	ONSEQUENCE OF):	INFECTION							
TION	Sequentielly list conditions, if any, leeding to immediate)	OUE TO (OR AS A CONSEQUENCE OF):								
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF								
ERTI	resulting in death) LAST	l									
1 1	PART II. Other significant conditions	a contributing to death but	not reaulting in	the underlying cause give	on in Part I.	24a, WAS AN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS			
DIC	HYPERTENSION	OVASCULAR A	CCIDENT			PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	HITERIENS W	N						☐ YES 2 ☐JATO			
	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEAT	H (Check only o	(e)					
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatient 2 Impati		THER: Nursing Home 5 Reside							
1 1	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 100 100 100 100 100 100 100 100 100 10								
	2 Accident Investigation 3 Suicide a Could not be	28e, PLACE OF INJURY —	At home, ferm, stre	I TES 2 H	2ar, Loc	28f. LOCATION (Street and Number or Rural Route Number,					
ETE	4 Homicide determined	Dutiding, etc. (Specify)									
MPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE	EIAN: To the best of my knowledge: On the basis of examination or	ge, death occurred and/or investigation.	nt the time, data end place, end	d due to the ca	use(e) end menner se state	id.	and manner on eleted			
	296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE				fonth, Day, Year)			
		INTERNAL MEDICI				•	8/14	193			
	/30. NAME AND ADDRESS OF PERSON WHO RODELW M. BUCH			TAL , 900 CATO	ON AVE	NUE BALTIM	U) Pr	MD 212.79			
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRE	,		OFIFTIN	- VAN)				
7	AUG 2.1 1993	Jalin thanden	Marketh.								

BALTIMORE, MARYLAND 21215-0020	cours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit per on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	IE										
1. DECEDENT'S NAME (First, Middle, Li	Eleng	Elengra J, Rauh				OF DEATH		YEAR 3. TIME OF DEATH	pro		
2215-16-1299	1 M 2 F		IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Mont	OF BIRTH		BIRTHPLACE (State or For Country) Maryland	eign		
98. FACILITY NAME (If not institution, g Francis Scott K			96. CITY, TOWN	Ore	DEATH		9c. COUNTY OF DEATH				
RESIDENCE OF DECEDENT											
Maryland			Baltimore				10d, INSIDE CITY LIMITS? 1 X YES 2	NO			
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF									Z		
3426 Leverton A	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WMS D	21224 ECENDENT OF NISPA	NIC OBIGI	M2 (Specify Ve	U.S	S.A. 4. BACE — American India			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 2 00	If yes,	specify Cuban, Maxic ES 2 X NO Spec	en, Puerto		B OF NO.	Black, White, etc. Specify: White	n,		
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of w	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lie. Do NOT use retired.)			b. KIND OF BU	SINESS/INDU:	ESS/INDUSTRY			
N/A	N/A	Homemake			Own Ho						
17. FATHER'S NAME (First, Middle, Last) James Jackowska				16. MOTNER'S N		201127	Sumame)				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	Jennie			yn, State, Zip C	Code)			
William F. Rauh	(Son)								.09		
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of Cemelary, crematory or other place) 20c. LOCATION City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213											
disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificent condi	Part I.	PERFORMED? AMAILAE COMPLI OF DEA		24b. WERE AUTOPSY FIRM ANIL ABLE PRIOR 1 COMPLETION OF COF DEATH? 1 YES 2 N	ABLE PRIOR TO LETION OF CAUSE ATH?						
25. WAS CASE REFERRED TO MEDICA EXAMINER?		28. PLACE OF CEATH (Check only one)									
1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing N	ER: lursing Nome 5 - Residence 6 - Oti			Other (Specify)				
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	F(Y	NJURY AT YORK? YES 2 NO			RIBE NOW INJURY OCCURED				
3 Suicide 6 Could not 4 Nomicide determine	be 28e. PLACE OF INJUR	RY — At home, term, street, fectory, office oecify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
mas)	HYSICIAN: To the best of my knowliner: On the basis of axeminati								ated,		
296. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER FSK # 29d. DATE SIGNED (Mon. P.). 94007 8/16/											
30. HAME AND ADDRESS OF PERSON	A. IJEG	ERE		D	FS	5/4	MED	LENITE	R		
PATRICK A. I JEW ERE M.D. FSK MED LENITER 31. DATE FILED (MONTH, Day, Year) AUG 20 1993 AUG 20 1993											

BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
BALT	nours after death.
	127
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	certificate be executed within
RECORDS, F	v requires that the death
ON OF VITAL	DING PHYSICIAN: The lav
DIVISI	OR ATTEN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.	
HYSICIAN: The law requires that the death certificate be executed within 24 hours afti	is certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death wit	IMPORTANT: If Nem 28 is marke	

H.

John

Dr.

	FOR 1 - STATE REGISTRAR		STATE OF M	ARYLAND C	/ DEPAR	RTMEN	T OF H E OF	EALTH DEAT	AND I	MENTA	L HYGIEN		3 2	4433
	1. OECEDENT'S NAME (First	, Middle, Last)	JAMES J	EROME R	RAGAN					MON	e of DEATH B	1003	YEAR	TIME OF DEATH 4:14 a. M
	4. SOCIAL SECURITY NUMBER 213-26-4081		5. SEX 1 1 M 2 F	6. AGE (In yrs. Is 79		IF UNDE	R t YEAR	IF UNDER	24 HRS. MIN.	7 DATE	ог віяти th, Day, Year) 25,1			ACE (State or Foreign
OR	9a. FACILITY NAME (If not in 20329 Midd:						y, TOWN O		ON OF DE			9c. COUN	TY OF DEAT	Н
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	No. of the last of		10c, C/1	Y, TOWN	OR LOCAT	ION					10	d, INSIDE CITY
	Maryland 100. STREET AND NUMBER	Ba1	timore		Fr	eela		ZIP CODI				10g. CIT12		YES 2 NO
FUNERAL	20329 Mid	lletow						210	53			U.S	.A.	
ВУ	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 2		13.		city Cube	n, Maxica	n, Puerto	N? (Specify Ye Rican, etc.)		14. RACE — Black, W Specify: White	Americen Indian, /hite, etc.
ETED		EOENT'S EDU y highest grade		(1	ECEDENT'S	work done	during mos	N st of workin	g	16	b. KINO OF BU			
PLE	Elementary/Secondary (0	1-12)	College (1-4 or 5+)		oute			r		U	.S.Pos	tal S	ervic	e
COMPL	17. FATHER'S NAME (First, M	25 100				-			IER'S NA		Middle, Meiden			
BE	Francis P.		of the last								elly			
5	Nora E. Ras			11	Same			nd Number	or Rural I	Route Nun	nber, City or Tow	m, State, Zip	Code)	
-16	20a. METHOD OF DISPOSIT	ION	owal from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		OA"	TE 20c, LC	CATION — C	ity or Town,	State
4	4 Donation 5 Other	(Specify)		Dular	iey V	<u>alle</u>	y Mer				/93 I	imoni	um, M	ld. 21093
- 1	► Wall			Le 2	1			Tows	son	Fune	ral Ho			
RTIFICATION	23. PART I. Enter the d ahock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or Inju- that initiated events	diona, diata	a. DUE TO (COUSE THAT DO NOT AS A CONSE	EQUENCE O	F):	r the mod	e of dyl	ng, auc	h aa car	diec or reap	iratory arre	est,	Approximata Interval Between Onset and Death
2	PART II. Other significa	-	d	death but not	resultina	in the u	nderlylno	Cause	ilven In	Part I	24a. WAS AN	Almosev	245 W	ERE AUTOPSY FINDINGS
V: MEDICAL	Too	heri		dis		2					PERFOI	PMED?	AV CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)			
HYSI	1 VES 2 NO		1 Inpetient 2 2		3 DOA	4 🗌 Nu	raing Home		sidence		er (Specify)	IN ILIBA UCC	LIGED	
BY P		Pending Investigation	(Month, Da	y, Year)	IN.	JURY	1 🗌 Y	ES 2	NO	200. DE	SCHIBE HOW	INJUNI OCC	ONED	
8		Could not be determined	28e. PLACE Of building, s	FINJURY — At h nc. (Specify)	ome, farm,	street, fac	ctory, office			28f. LO	CATION (Street or Town, Stete)	end Number (or Rural Rout	e Number,
COMPLET	ann)		ICIAN: To the best of s											nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE		11 Car						LG O	ABER		29d. DATE	SIGNED (M	onth, Day, Year)

29d. DATE SIGNED (Month, Day, Year)

8 19 33 200926 , M.D. - 120 S. Pierre Dr., Suite 507, Towson, Md.21204 Eppler, DHMH-16 Rev 1/89 FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a us after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFI	CATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Roy	Fmanuel S	eger		2. DATE OF D	DEATH DAY	YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 482 05 7306	1 📈 M 2 🗆 F	(In yrs. lest birthday) 93 vns.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		7,1900	Count	HPLACE (State or Foreign ny) .OWA.
TOR	96. FACILITY NAME (If not institution, give si Fairfield Nursing			96. CITY, TOWN O	R LOCATION OF DE	ATH		ne Ar	undel
DIRECTOR	10e. STATE 10b. COUNTY	e Arundel		TOWN OR LOCATI					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1454 Fairfield Lo	op Road		200	ZIP CODE 1032				States
B	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		endent of Hispan city Cuban, Mexice 2 XXO Specify	n, Pusrto Rican		Spec	E — Americen Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S L (Give kind of we life. Do NOT use Contra	ork done during mos retired.)	N Is of working	350000	of Business/in		tion
	17. FATHER'S NAME (First, Middle, Lest) Benjamin Franklin	Seger			18. MOTHER'S NAI	ME (First, Middle			
TO BE	19e. INFORMANT'S NAME (Type/Print) Leo Seger		19b. MAILING /		ore RdC				034
	20e. METHOD OF DISPOSITION XX Burlel 2	oval from State S	other place of Disposi ummit Hil	TION (Name of cam	etery, cremetory or		20c. LOCATION - Pocahor	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	ENSEE			D ADDRESS OF FAM S-Pearson Lington,		gal Home	es.	
NO	23. PART I Enler the diseases, or chock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	s. Due to cost as b.	and Ilma	ple		h as cardiac	or reapiratory a		Approximate Interval Batween Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	с	A CONSEQUENCE OF						
DICAL	PART II. Other algorificant condition	s contributing to death i	out not reaulting in	tha undarlying	cause given in		WAS AN AUTOPS: PERFORMED? YES 2 700	r 241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out			5 Reeldence				
ВУ РН	27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 WO	RK? 'ES 2 NO		BE HOW INJURY O		
	3 Suicide 4 Homicide Could not be determined	28e. PLACE OF INJUR' building, atc. (Spe	r — At nome, mm, m	reet, factory, office			N (Street end Numb wn, State)	er or Hural	Ploute Number,
COMPLETED	one) —	ICIAN: To the best of my know ER: On the basie of examination							(s) and menner es stated.
TO BE (29b. SIGNATURE AND TITLE OF CENTURE	eyoso,	m. 1) -	29 NCENSE NUI	252	29d. Di	ATE SIGNE	(Month, Day Year)
	30. NAME AND ADDRESS OF PERSON WH	CA CA	tonsville						
	31. DATE FILE AUG 21 199	3 PROBITMANS SIG	NATURE JULIAN						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

24435 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	<u> </u>	ICALE OF	DEPAIL!	-	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) AVA LEE SNEED				2. DATE OF MONTH	DAY	YEAR 3.	. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		ACE (State or Foreign
	min Cons	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	13-14	OK'L"A	HOMA
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OF	R LOCATION OF DE	EATN	9c. COU	NTY OF DEA	TN
OR	707 RADNOR AVENUE		BALTIMO	RE		18		
DIRECTOR	RESIDENCE OF DECEDENT							
E	MARYLAND 10b. COUNTY		Y, TOWN OR LOCATION	DN				d. INSIDE CITY , LIMITS?
ĭ.	104. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?							
單	707 RADNOR AVENUE			21212		UN.	LIEDN	STATES
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 2 Merried 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, atc.) 14. RACE — American Indian, Black, White, atc. 15. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, atc.) 16. PAGE — American Indian, Black, White, atc. 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, atc.) 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, atc.)							
ВУ	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR D.		1 TES	2 NO Specifi	у:	,,		BLACK
	15. DECEDENT'S EDUCATION	40. 0505054740						DENOR
	(Specify only highest grade completed)	(Give kind of the Do NOT us	USUAL OCCUPATION work done during most retired.)	t of working	166. KJI	NO OF BUSINESS/INC	DUSTRY	
ا يرا	Elementary/Secondary (0-12) College (1-4 or 5+)		SABLED		-4			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			40 540745010 444	105 (F) 1 10 (F)	lle, Malden Surname)		
	ALBERT WILLIAMS			ARILL(
BE	19a. INFORMANT'S NAME (Type/Print)	405 MAN NIO	4000500 (O			City or Town, State, Zip		
임	GERALDINE CRAWFORD					IMORE, N		212
	20b. METNOD OF DISPOSITION 20b		OF DISPOSITION (Nan		DATE			
	↑ 🗅 Burial 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 8 □ Other (Specify)	TOSHEP (ther PMEMOR	IAL GAR	RDENS	8/23 BA	ALTO.	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	D ADDRESS OF FA	CILITY			
	DI Ramosa I Cont		TATIM C N	יא מיטמעו	u /110	1 E. NORT	מזות בוח	TATE IS
	23. PART T. Enter the diseases, or complications that ceused	I the deeth Do						
	ahock, or heart fallure. List only one ceuse on e	ech line.	lot enter the mod	ie or dying, auc	ii aa cerdiac	or respiratory an	681 ,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	reaulting in death)	IN		,				
		CONSEQUENCE OF	F):					
NOI	Sequentially list conditions,			,				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF						
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		F):					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF	F):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A of the cause of	CONSEQUENCE OF	F):					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE OF	F):	ceuse given in	Part i. 24	a. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS BILABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A of the cause of	CONSEQUENCE OF	F):	ceuse given in			AN CC	
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A of the cause of	CONSEQUENCE OF	F):	ceuse given in		PERFORMED?	AN CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
EDICAL	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF	F): in the underlying 26. PLA	ceuse given in	_ 1	PERFORMED?	AN CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
EDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions contributing to deeth by the conditions contributing	CONSEQUENCE OF	F): F): in the underlying	NCE DF DEATH (Ch	eck only one)	PERFORMED?	AN CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A DU	CONSEQUENCE OF CONSEQ	P): In the underlying 26. PL/I OTHER: 4 □ Nursing Home EOF 28c. INJU URY WOR 1 □ YI	CE DF DEATH (Ch	eck only one) 6 Other (S)	PERFORMED? YES 2 NO	AW CC OI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions contributing to deeth by the conditions contributing	CONSEQUENCE OF CONSEQ	P): In the underlying 26. PL/I OTHER: 4 □ Nursing Home EOF 28c. INJU URY WOR 1 □ YI	ACE DF DEATH (Ch. 5 Residence RY AT KK?	eck only one) 6 Other (S) 28d. DESCRI	PERFORMED? YES 2 NO Decity) BE NOW INJURY OCI	An Cricing of the Cri	MILABLE PRIOR TO DIMPLETION OF CAUSE T DEATHY YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant conditions contributing to deeth by the conditions contributing	CONSEQUENCE OF CONSEQ	26. PLA OTHER: 4 Nursing Home E OF	ACE OF DEATH (Ch 5 PResidence IRY AT IK? ES 2 NO	eck only one) 6 Other (S) 28d. DESCRI 28f. LOCATIC City or R	PERFORMED? YES 2 MO Decity) BE NOW INJURY OCI ON (Street and Number	CURED or Rural Roun	MILABLE PRIOR TO DIMPLETION OF CAUSE T DEATHY YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth by the conditions contributing	a consequence of cons	26. PLA OTHER: 4 Nursing Home E OF	ACE DF DEATH (Ch. 5 Residence RY AT IK? ES 2 NO	eck only one) 6 Other (S) 26d. DESCRI 26f. LOCATIC City or R	PERFORMED? YES 2 NO Decity) BE NOW INJURY Oct ON (Street and Number own, State)	ACCONTROL 1 CURED Or Rural Rouseled. The cause(a) at a signed (Market) and (Mark	MALABLE PRIOR TO DOMPLETION OF CAUSE P DEATH? VES 2 NO No Number, Number, Ind manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR AS A DUE TO (OR AS	a consequence of cons	26. PLA OTHER: 4 Nursing Home E OF	S PResidence RY AT IK? ES 2 NO and place, and due ath occured at the	eck only one) 6 Other (S) 28d. DESCRI 28f. LOCATIC City or R to the cause(time, data and	PERFORMED? YES 2 NO Decity) BE NOW INJURY Oct ON (Street and Number own, State)	Ah CC OI OI 1 1 CURED or Rural Rounted.	MALABLE PRIOR TO DOMPLETION OF CAUSE P DEATH? VES 2 NO No Number, Number, Ind manner as stated.
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		filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALLIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	the state
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it		once.
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N: The la	icate has	State De	Item 2:
HYSICIA	this certif	with the	ked, or
ENDING F	R: After 1	er death	Is mar
OR ATT	DIRECTO	hours aft	Item 28
HOSPITAL	UNERAL	vithin 72	ANT: If
TO THE	TO THE !	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

24436 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND I	MENTAL HYGIEN	11.3	24436
	1. DECEDENT'S NAME (First, Middle, Lest)	George A.	Spange	nberg,	Sr.	2. DATE OF DEATH MONTH 08/18/	1993 YE	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 212-16-0502	1 🔀 M 2 🗆 F	(In yrs. lest birthday) 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10-6-1	921 N	BIRTHPLACE (State or Foreign Country) Iaryland
TOR	90. FACILITY NAME (If not institution, give 3020 Rosa RESIDENCE OF DECEDENT	street end number)	e	Balto	City	EATN	9c. COUNTY Ba	of DEATH ltimore City
DIRECTOR		™ Baltimore City	10c. CI	TY, TOWN OR LOCAT	non altimor	e		10d, INSIDE CITY LIMITS? 1X XYES 2 NO
FUNERAL I	10e. STREET AND NUMBER	20 Rosalino	d Avenu		. ZIP CODE	21215		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? XXYES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DEC	ENDENT OF NISPAI ecity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mouse retired.) nical E	st of working	16b. KIND OF BU	JSINESS/INDUST	
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Span	genberg			16. MOTHER'S NA Anna	ME (First, Middle, Maider a Zolna		
10	19e. INFORMANT'S NAME (Type/Print) Mary C. Spange	enberg		O Rosal		Aoute Number, City or To. enue Ba		MD 21215
	20e, METHOD OF DISPOSITION 1.XI Burlel 2 Cremation 3 Rea 4 Donation 5 Other (Specify) 21. SIGNATURE OF TIMERAL SERVICE L	movel from State cen	netery, crematory or o	ran Cem 22 NAME AI Burg	etery	\$/20 G	al Hom	n Forest, MD
CERTIFICATION	snock, or sear failure immediate CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A		DF):	edery o	het aoi	the rol	Interval Between Onset and Death
MEDICAL CE	PART II. Other algnificent condition	ns contributing to death b	out not resulting	in the underlyin	g csuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b, Till	4 Nursing Horr ME OF 28c, INJ JURY WO		8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCUR	€D
ED	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, clfy)	street, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET		SICIAN: To the best of my know IER: On the basis of examination						suse(a) and manner ea stated.
TO BE C	286. SIGNATURE AND ATTLE OF CERTURE 10. HAME AND ADDRESS OF DERSON W	coolMI	EATH (ITEM 27) (Type	e, Print)	0346	uner 550	P8/19	GNED (Month, Day, War) 月子
1+1	31. DATE FILED (Mornin, Day, Year) AUG 2 0 1993	32. ARGISTRAR'S SIGN	IATURE Ion-Randa	٤.				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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(14)

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) STACY SPRUEIL					2. DATE OF DEATH AUGUST	7 1993	3. TIME OF OEATH 17:20 M	
	4. SOCIAL SECURITY NUMBER 220-94-1816	1 - M 2 1 F	AGE (In yrs. lest birthdey) 13 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	s. Bi	RTHPLACE (State or Foreign	
TOR	99. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 10d. INSIDE CITY LIMITS? 1 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
FUNERAL	100. STREET AND NUMBER 1828 N. CHESTER STREET 21213							D STATES	
BY	11. MARITAL STATUS 1). Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I	YES 2 NO	If yee, a	ENDENT OF HISPAN ecity, Cuben, Maxica 2 NO Specify	NC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	В	ACE — American Indien, lack, Whita, etc. pecify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)		USUAL OCCUPATI vork done during me e retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ	
	17. FATHER'S NAME (First, Middle, Last) GEORGE SPRUEIL					ME (First, Middle, Melden ES EBERH.			
TO BE	198. INFORMANT'S NAME (Type/Print) DELORES EBERHAI	RТ	19b. MAILING 1828	N. CH	and Number or Rural I	T. BALTI	n, Stete, Zip Code	MD 21213	
	20e. METHOD OF DISPOSITION \$\times \text{Surfel} 2 \text{Cremation } 3 \text{Remit} 4 \text{Donation } 6 \text{Other (Specify)}	oval from State	20b. PLACE AND OATE Complete, cremeters of Complete Compl	OF DISPOSITION //	ame of	OATE 20c. LO	CATION — CHY OF	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	S SSE	>		C. MARC	CILITY		NORTH AVE.	
NC	23. PART I. Enter the disease, or ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. He Mer I DUE TO (OR	MUSIC CEUE AS A CONSEQUENCE OF	Wal Vas			ratory arreat,	Approximete interval Between Onset end Death 5 day	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF	n: (
MEDICAL	PART II. Other algoriticant condition	a contributing to dea	th but not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	JRY 28b. TIM	E OF 28c. IN.	IURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	,	
	3 Suicide 6 Could not be determined	28a. PLACE OF IN building, etc.	JURY — At home, ferm, a (Specify)	treet, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE							e(s) and menner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER De mald .	Shaftaa			29c. LICENSE NUM		▶ 8/17/	IEO (Month, Day, Year)	
		offner	Halste	Print) L842	.)	Tobus Ho	lews	Hospital	
1	31. DATE FILED (10017) 27 0 1993	Julia Davi	doon-Amolese			,			

100

YEAR

0

9c. COUNTY OF DEATH

Nova

10g, CITIZEN OF WHAT COUNTRY?

Specify:

Woodlawn alto Co.

Baltimore Co

3. TIME OF DEATH

Scotia

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

1 - YES 2 NO

21207

Approximata

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

NO

Interval Between

Onset and Death

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit permit. Pages 1, 2, 3 should

funeral director, page 5 should be

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

once.

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notified

e

must

medicai examiner

the

event.

traumatic

or other

injury.

is certificate has been signed by the ith the State Dept. of Health and M ed, or item 23 shows any inju

DIRECTOR: After this c hours after death with is marked,

28

B

4 Homicide

COMPLETED

BE

2

BOX 68760,

DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTO TO THE FUNERAL DIRECTE TO Filed within 72 hours at IMPORTANT: If Item 2:

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

(\$)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HAROLD W. SMITH 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS (Month, Day, Yes 9-7-06 213-28-6066 ÚCXM 2 ☐ F 86 DAYS HOURS MIN YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 1132 Baker Avenue Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore Balt<u>imore</u> FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Baker Avenue-Baltimore. 21207 Md 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION Decify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spec most of working Elementary/Secondary (0-12) College (1-4 or 5+) NIA Printer Baltimore Sun Papers 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William T. BE Smith Rhoda Wood 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Helen Baker Avenue-Baltimore Smith 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Park Cem. 8-21corraine 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National Pike Truman Baltimore. Md Schwab 21 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE O if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 1 TYES 2 NO PHYSICIAN:

			1 - YES 2 -
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)	
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO	OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)	
27. MANNER OF DEATH	28a DATE OF IN HERY	THE OF LOCAL MARKET AND	

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Netural
2 Accident 5 Pending 1 YES 2 NO 3 Suicide 28a. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my policion, death occur

		one occurred at the time, data and place,	and don to the cause(s) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIER	Cen mo	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Fear)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)	1000	32. REGISTRAR'S SIGNATURE Julia Davidson-Randale
AUGZO	1993	Jana barrason- Manaces

Approximate interval Between Onset and Death

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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EDOA

AUG 2 0 1993

	1	1. DECEDENT'S NAME (First, Middle, Las	9				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
		Calvin	Stem	art			момун /		7450
		4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign
29		251300481	1 X M 2 □ F	66 YRS.	MONTHS DAYS	HOURS MIN.	7-20-	27 "	S.C.
should		9a. FACILITY NAME (If not institution, give	street and number)	,		OR LOCATION OF E		9c. COUNTY OF	DEATH
12	DIRECTOR	LIBERTY MEDI	ICAL CEX	HER	Balt	MORE,	MD	Balti	MINE GO
	DIRE	MD 10a. STATE 10b. COUNTY	Timore C	4/ 13	TY, TOWN OR LOCA	TION	-		10d, INSIDE CITY LIMITS? 1 YES 2 NO
permit	1	10e. STREET AND NUMBER	1110130	1910	10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
. Jist	FUNERAL	2962 NO.	Sher L+			2121	7	U.	5,
		1 Never Married 2 Married	FORCES? 1 VI	ES 2 NO	If yes, sp	DECITY Cuban, Maxic 3 2 NO Speci	ANIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	Sie	CE — American Indian, ick, White, atc.
attending se as the	ED BY	3 Widowed 4 Divorced	KOREAN	5-19	601	^		E	BLACK
5 5		15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	de completed)	(Give kind of life, Do NOT u	S USUAL OCCUPATION work done during most retired.)	ON ost of working	16b. KIND OF BU	ISINESS/INDUSTRY	-
he hospital o detached for once.	COMPLET	12	College (1-4 or 5+)	Sin	GER		GOSP	EL /	Nusic
de de		17. FATHER'S NAME (First, Middle, Last)	I T V	SI		18. MOTHER'S N.	AME (First, Middle, Maiden	Syrname)	
should be otified at	出	19a INFORMANT'S NAME (Firmal/Print)	IL Jack	500 272	SWAR!	NIAK	y Wood	STE	WARI
- C =	임	LEDDARD 1	MOVER	9/1/0	OR TAIL	IN A CALL	entell Blv	vn, State, Zip Code)	HCFU/MI
may be		20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Re		20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION — City or	Town State
nectro		4 Donation 5 Other (Specify)		GETH	The place /	hurch	82593 JC	nesvi	11e, S.C.
_ = E		21. SIGNATURE OF FUNERAL SERVICE	JCENSEE	# 261A	22. NAME A	ND ADDRESS OF F	ACILITY FINEY	AL H	ome
		Moneur	10 g. Mer	worl)	108	N. NOZI	HAVE, B	altimor	EIMI
nours after d in by th or remove		23. PART I. Enter the diseases, o ahock, or heert failure	complications that cause. List only one cause or	sed the deeth. Do	not enter the mo	ode of dying, au	ch as cardiec or resp	iratory erreat,	Approximate interval Between
24 hc filled tfon, o		IMMEDIATE CAUSE (Finei	16						Onset and Deat
" ~ = =	1 1	disease or condition	A - 1.	0 10		a la testan			27 JULY 1965 1875
C va		disease or condition resulting in death)	a. Acute DUE TO (OR A	S A CONSEQUENCE O	ocareli	al I	infarcti	100	33503 957 5165
ed within completely al, crema event,	N	resulting in dasth)		S A CONSEQUENCE O		-	infarcti	101	33333533
ed within completely al, crema event,	ATION	Sequentially list conditions, if any, leading to immediate	. Card	_);5 Per	-	infarcti	101	
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be executed within cian and completely for to burial, crema raumatic event,	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Card DUE TO (OR A	inc 10) is fee	-	infarcti	10~	
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that the death certificate be executed within ad by the attending physician and completely h and Mental Hygiene prior to burial, crema any injury, or other traumatic event,	ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST PART II. Other algnificent conditions of the conditions	DUE TO (OR AL C. DUE TO (OR AL DORS CONTRIBUTING to deet DORS CONTRIBUTING TO MARKET TO THE PROPERTY OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR United the publishing, stc. (S	S A CONSEQUENCE OF S A CONSEQUEN	26. PI OTHER: 4 Nursing Hom LE OF 28c. INJ. JURY M 1 atreet, factory, office	g cause given in	t	I AUTOPSY RMED? 24 Church INJURY OCCURED and Number or Rurel nner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema item 28 is marked, or Item 23 shows any injury, or other traumatic event, 	ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST PART II. Other algnificent conditions of the conditions	DUE TO (OR A. C. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. d. DUE TO (OR A. DUE TO (OR A. d. DUE TO (OR A.	S A CONSEQUENCE OF S A CONSEQUEN	26. PI OTHER: 4 Nursing Hom LE OF 28c. INJ. JURY M 1 atreet, factory, office	g cause given in	Part I. 24a. WAS AN PERFOI t YES 2 to YES 2 Other (Specify) 28d. OESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a to the cause(s) and main time, data and place, and place, and place in the cause (s) and main time, data and place, and place in the cause (s) and main time, data and place, and place in the cause (s) and main time, data and place, and place in the cause (s) and main time, data and place, and place in the cause (s) and main time, data and place in the cause (s) and main time, data and place in the cause (s) and main time, data and place in the cause (s) and the cause (s)	I AUTOPSY RMED? 22 JABO INJURY OCCURED and Number or Rurel nner as atated, and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

12. REGISTRAR'S SIGNAL UNE TWILE Davidson-Randolle

Libertu

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1	FOR STATE REGISTRAR

Item19a,b,22 Film702,8/27/93,1t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	AY	YEAR	3. TIME OF OEATH
	Mildred	Lorett	ta S	auter			Augu		8, 19		11:45p.r
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)			ER 24 HRS.	7. DATE OF				IPLACE (State or Foreig
218-46-1591	1 🗆 M 2 🖾 F	90	YRS.	MONTHS D	MYS HOURS	MIN.		27,	1903		RYLAND
Sa. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TO	OWN OR LOCA	TION OF D		219		NTY OF D	
Meridian Nursing	Home			Cato	nsvill	e			Do.	مستسد	
RESIDENCE OF DECEDENT									Da.	Ltimo	ore
10a. STATE 10b. COUNT			10c. C/1	TY, TOWN OR L							10d. INSIDE CITY LIMITS?
Maryland	Baltimor	e			Ва	1tim	ore				1 YES 2 NO
10e. STREET AND NUMBER					101. ZIP CO	DE		_	10g. CIT	IZEN OF 1	WHAT COUNTRY?
2500 N. Rolling F	Road					21	244		TT	S. A	
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AE	RMED	13. WAS	S DECENDENT	OF HISPA	NIC ORIGIN?	(Specify Ve			
1 Never Married 2 Married	FORCES? 1	YES 2 A	NO	If yo	es, specify Cut	oan, Maxic	an, Puarlo Ric	can, etc.)			E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE T	MAN ON DATES		1] YES 24E NO) Specif	ny:			Cau	casian
15. DECEDENT'S EDU	CATION	16a. DE	ECEDENT'S	USUAL OCCU	JPATION		16b. K	UND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)		(G	alve kind of a. Do NOT u	work done duris	ing most of worl	iding	100				
8th grade	College (1-4 or 5	+)	usew								
17. FATHER'S NAME (First, Middle, Last)		ПО	usew	116	40.000	THEO IS NO	AME (First, Mic	della sarra	Curr		
		1 1			16. MO						
	ter Gri						herin		eyser		
19a, INFORMANT'S NAME (Type/Print)			5		Street and Numb					p Code)	
Mr. Herbert RV.		3	503	Jean D	rive I	Balti	more,				
20g. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	oval from State	20b. PLACE	ANDOATE	OF DISPOSITIO	ON (Name of		OATE	20c. LC	CATION -	City or To	own, Stata
4 Donation 5 Other (Specify)		Wood	lawn	Cemet	ery Au	igust	23,	1993	Balt	imor	e Marylan
21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE		7	22. NAI	ME AND ADDR	ESS OF F/	ACILITY				
- from	K . 00	/	/	Lor	ing Kv	rers	Funer:	al Di	rect	ors.	INC.
0 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 0 10 1									
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		acolu	oie	872	a mode of d	ying suc	RD Rach an cardle	andal	1sto	wn , M	D 21133-4 Approximate Interval Bety Oneet and E
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Peer filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending provided the control of	OR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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BALTIMORE, MARYLAND 21215-0020

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N.	1. DECEDENT'S NAME (First, Middle	Stier 1	noff						2. DATE OF DEAT	H DAY	43	3. TIME OF DEATH
80	4. SOCIAL SECURITY NUMBER 216-30-5537	5. SEX	6. AGE (In yrs. last bit	rthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yes NOV . 14	102/	Count	
	9a. FACILITY NAME (If not institution	71			9b. CITY	TOWN C	R LOCATIO	ON OF DE			UNTY OF C	laryland
DIRECTOR	Union Memorial						re C	15			JATT OF C	
REC		COUNTY	1	Oc. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
	Md.	Baltimore			twO	lngs	Mill	ls				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 205 Tollgate	e Road				101	ZIP CODE			10g. CI	USA	WHAT COUNTRY?
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COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 12		Irle. Do	kind of v NOT us	usual or work done of the retired.)	during mo	st of workin	9		ivate		o1
ő	17. FATHER'S NAME (First, Middle, La						18. MOTH	ER'S NAM	ME (First, Middle, Ma	iden Surname)		
BE	Raymond Har								Lyn R. B			
5	George O. St						Roac		oute Number, City of Owings M			21117
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	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE					D ADDRES	_	YTUE			stown Road
_	1 - C - B	ran Porce	ell		F	line	- Fur	era1				wn, Md.21136
	23. PART I. Enter the diseases	, or complications thet	caused the death	. Do n								Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	liure. List only one ceus	Ann	ch.	<u> </u>	eps	.15,	Cr	MRSK	+)		Interval Between Onset and Death
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ВУР	1 Natural 5 Pending 2 Accident Investig	ntion	r, Year)	INJ	JRY M	1 Y	RK? ES 2					
	3 Suicide 8 Could n 4 Homicide determin	or or building, a	INJURY — At home, tc. (Specify)	ferm, s	treet, facto	ory, office	,		281. LOCATION (St. City or Town, S	eet and Numb tate)	er or Rural F	Floute Number,
COMPLETED	one) 2 MEDICAL EX	PHYSICIAN: To the best of n AMINER: On the besis of exa										a) and manner as stated.
TO BE	296 SIGNATURE AND TITLE OF CET	valle II	n.D.				29c. LICE	268	BER	29d. DA	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSO	ntt St.	Baltic	Type,	Print)	, 1	70	2	08	2).	201	
\angle	31. DATE FILED (Month, Day, Year) AUG 2 0 199	3 Julia Sau	's signature	ec.	7							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow she death. Page 6 may be retained by the hospital or attending physician.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

SOCIAL SECURITY NUMBER 213 M 0 5 m 9 5 60 **SERECUTY NUMBER** 213 M 0 5 m 9 5 60 **SERECUTY NUMBER** **SE	1. DECEDENT'S NAME (First, Middle, Last	0		TE OF DEATH	2. DATE OF	DEATH DAY	3. TIME OF DEATH
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296_BETHOD OF DISPOSITION TWENTY 200_DRACE AND DATE 200_DA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Siliater	196. MAILING ADDR	ess (Street and Number of R Luth Avenue	BALTIMO	Chy or Town, State, 2	zip code) Land 21222
22. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME AND ADDRESS OF FACILITY Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME OF CAUSE (Disease, or Inc. Dudate Ruck Funeral Home of Dundalk, Inc. 12. NAME OF Budder Sundalk Funeral Home of Dundalk, Inc. 12. NAME OF DEATH 12. NAME OF DEATH 13. Name of DEATH 14. Name OF DEATH 15. NAME OF DEATH 16. NAME OF DEATH 17. Name of DEATH 18. Dute of HAURY 19. Name of DEATH 19. Name of DEATH 19. Name of DEATH 10. Name of DEATH 10. Name of DEATH 11. Name of DEATH 12. Name of DEATH 13. Name of DEATH 14. Name of DEATH 15. Name of DEATH 16. Name of DEATH 16. Name of DEATH 17. Name of DEATH 18. Name of DEATH 19. Name of DEA	204, METHOD OF DISPOSITION	20b. PLA	CEAND DATE OF DISI	POSITION (Name of	DATE	20c. LOCATION -	- City or Town, Stats
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (LICENSEE LIST		Duda⇔Ruck F	uneral t	lome of 1	Dundalk, Inc.
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	ISEOUENCE OF):	rythmi	xox		Onset and D
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. DESCRIBE HOW INJURY OCCURED 28. CERTIFIER (Check only one) 28. CERTIFIER (Check only one) 28. DESCRIBE HOW INJURY OCCURED 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year)	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):				
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28a. DATE OF INJURY At WORK? 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time, data and place, and dus to the cause(s) and manner as at each occurred at the time	PART II. Other algolificant conditions in the condition in the condition in the condition in the conditions in the condition in the condit	one contributing to death but n	ot resulting in the	underlying cause giver		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAU
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1 Natural 2 Accident 3 Sulcide 8 Could not be determined 2. Specify 1 Natural 2. Specify 1 Natural 3. Sulcide 4. Homicide 2. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as steted. 296. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as a steted. 296. SIGNATURE AND TITLE OF CERTIFER 297. LICENSE NUMBER 298. LICENSE NUMBER 299. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)					nce 6 🗆 Other (S)	pecify)	
3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of examination sind/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as a second of	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?		BE HOW INJURY O	CCURED
(Check only 1 to CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	3 Suicide 8 Could not b	28e. PLACE OF INJURY - A	t home, farm, street,	factory, office			ber or Rural Route Number,
296 SIGNATURE AND TITLE OF CEPTIFIEB 296. SIGNATURE AND TITLE OF CEPTIFIEB 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (MONTH, Day, Your) 8/18/93	(Check only						
30' NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 270 Kmg. Digit	296 SIGNATURE AND TITLE OF CERTIFIC	UHU), Res	Physical			ALC: NEW YORK	
Francis Scott Key, 4940 Eastern the, Baltonice, MD 212	Fancs Sca	they . 490	1	steen the	, Bal	linor	u, MD 2122

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital banks of attending physicians.	death. Page 6 may be retained by the hospital or attending promising
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar-burnar section from 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burniforms or mo. Plons 1, 2, 3 should al.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

NAW IN

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH YEAR OF B ELVIRA OF30 KA THO MAS 08 4. SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 93 1 M 2 F YRS. 230-05 -5944 05 011 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL Baltmore Baltimore Maryla RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MORE 1 X YES 2 NO BY FUNERAL 10s. STREET AND NUMBER IOF. ZIP CODE WHAT COUNTRY? 10a. CITIZEN OF 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE - American Indien, White, etc. II yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: 2 Wildowed 4 Divorced BE COMPLETED Ne. DECEDENT'S USUAL OCCUPATION (Give kind of work done-during most life. Do MOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-6 or 5 +) Maidue Somana or Rwn, State, Zip Code METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION IN 20g LOCATION -1 Burtel 2 Cent en a Cl Re Donation & Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, FA 23. PAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS 2days DUE TO (OR AS A CONSEQUENCE OF): decubitus WICEG pwonths Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING dementia CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO ilent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED Afectos 1 Natural 5 Protoroped head rest with when any 1 YES 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street e 3 Suicide 6 Could not be 4 Homicide determined Since Hooded HOST TON 1 NERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(a) end manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 8117193 0 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SINA

12 HEDISTMAN'S SIGNATURE

HESPITAL

93 24444

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	ISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	١.	
t. DECED	ENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	AY Y	3. TIME OF DEATH
	Gregory	1	Thorpe	Jr.		08 1	8 199	3 1:14
	SECURITY NUMPER 3- 24- 5187	5. SEX	0.0	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	7 m 1012 har		BIRTHPLACE (State or For Country) I ARYLAND
	TY NAME (If not institution, give		1110.	96. CITY, TOWN OF	R LOCATION OF DEATH		9c. COUNTY	
JO.	hns Honkins	Hoenit:			imore Ci			
RESIDI						<u>Y</u>		10d. INSIDE CITY
RESIDE 10a. STAT MAR	YLAND		BAL	TIMORE	911			LIMITS?
7 4 2	PATTERSON	PARK AVI	FNUE	101.	ZIP COOE 21 205			ED STATES
¥	AL STATUS		EVER IN U.S. ARMED		INDENT OF HISPANIC O	PIGIN2 (Secolby Ve		
	or Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2XXNO	If yes, spec	cify Cuban, Maxican, Pr 2 X NO Specify:	verio Rican, atc.)		RACE — American India Black, White, atc. SpecifyB L A C K
	15. OECEOENT'S EDU		16a, DECEDENT'S U	SUAL OCCUPATION	N	16b, KIND OF BU	SINESS/INDUS	TRY
Eleme	(Specify only highest grade heary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use		t of working	New Miles		
₹	R'S NAME (First, Middle, Last)		UNEMPLO	YED				
	EGORY THORF	PE .SR.			GERALDI			
19a. INFO	RMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street an				^{de)} MD 2120
	ORIA POLLAF	₹	1					
1 V Buri	100 OF DISPOSITION of 2 Cremetion 3 Rem ation 6 Other (Specify)	noval from State	206. PLACE AND DATE OF COMPLETE, COM					ORE, MD
	TURE OF FUNERAL SERVICE LI	CENSEE	DALITHOR	-	ADDRESS OF FACILITY		LITTIC	, I'L , I'I U
- ×	Xmi	to K.	Chr.	WM.C.	MARCH F	H.1101	E. NO	ORTH AVE.
CAUSE that init	isily list conditions, leding to immediate inter UNDERLYING Disease or injury lated events in death) LAST	G	OR AS A CONSEQUENCE OF):					
H Lesoum	III diatin) Exst	d		1				
	Other significant condition	na contributing to d	lesth but not resulting in	the underlying	csuse given in Par	i. 24a. WAS AN		24b. WERE AUTOPSY FIN AMILABLE PRIOR T
MEDICAL MEDICAL						1 THES		COMPLETION OF CA OF DEATH?
								1 [] YES 2 [] N
25. WAS C	ASE REFERRED TO MEDICAL			28. PL/	ICE OF DEATH (Check of	inly one)		
25. WAS CO EXAM 1 27. MANN	INER? (ES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	5 🗆 Residence		Carry	-out
	ER OF DEATH atural 5 Pending	28a. DATE OF III (Month, Day	(Year) INJUI	RY WOR	IK?	d. DESCRIBE HOW		
2 2 4	ccident Investigation	08/18/ 28s. PLACE OF	INJURY — At home, farm, str	-	ES 2 X NO 281	Subject LOCATION (Street	and Number or	
1 4 章	omicide 6 Could not be determined	building, at	c. (Specify) Carry-(City or Town, State, Patters)	
4 1 29e. CEM (Chec ane)	k only		ny knowledge, death occurred	at the time, date a	and place, and due to ti	he cause(s) and me	nner as stated.	
one)			mination and/or investigation,					ause(s) and manner as st
	ATURE AND TITLE OF CERTIFIE	n ()/			29c. LICENSE NUMBER		29d. DATE S	IGNED (Month, Day, Year)
	1 1	h 1/10 1						
296. 5	Wine !	ne you	OF DEATH STEEL		O.C.M.	Е.	0	8/18/1993
29b. S	AND ADDRESS OF PERSON WI		E OF DEATH (ITEM 27) (Type, F					
296. SIGN 0 30. NAME	AND ADDRESS OF PERSON WI	DREW MY	2 111 Penr		O.C.M.			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 -	STA	TE ISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.					
Ros	9	1. DECEDENT'S NAME (First, Middle, Last)	RIPLET	T 15 CHUMI		TE OF DEATH	SEAR 3. TIME OF DEATH 3 M				
s 1, 2, 3 should		4. SOCIAL SECURITY NUMBER 292-20-1943	5. SEX 8. AGE	(In yrs. last birthday) F UNDER 1 YEAR WONTHS DAYS	HOURS MIN. 7. DA	orth, Day, Year)	BIRTHPLACE (State or Foreign Country)				
	æ	9e. FACILITY NAME (If not institution, give a	street and number)	-	OR LOCATION OF DEATH	177 32210	OF DEATH				
	CT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSURE OF IDEA INSURED IN INSURE OF IDEA INSURED INSURED IN INSURE OF IDEA IN INSURE OF IDEA INSURED IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA IN INSURE OF IDEA INSURED IN INSURE OF IDEA INSURED IN INSURE OF IDEA INSURED IN INSURED IN INSURED IN INSURED IN INSURED IN INSURED IN INSURED IN INSUR									
nit. Pages	FUNERAL DIRECTOR	Md B	altimore	5 Tows	ATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
an. ransit permit.		615 Chest	nut Ave	2	01. ZIP CODE 2/204	10g. CITIZE	S A				
the hospital or attending physician. detached for use as the burial-transit once.	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 New Married 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 PNO If yes, s	CENDENT OF HISPANIC ORI pecify Cuban, Maxican, Puer S 2 NO Specify:	GIN? (Specify Yea or No— 14 to Rican, etc.)	Bleck, White, atc.				
Z1Z15 all or attend for use as	ETED.	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	TION nost of working	6b. KIND OF BUSINESS/INDUS	TRY				
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Homemaker		Own Home					
8 B G	BE	Al la To	riplet!	19b. MAILING ACORESS (Street	Quelio		nknown)				
63 65	5	Sharon Lietman		1750 Circle		1	ide)				
. Page 6 may be ral director, page		20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem	oval from State 20tr	PLACE AND DATE OF DISPOSITION (A	iame of D	ATE 20c. LOCATION — CIT					
ALLIMOR Meath. Page 6 m funeral director,		4 ☐ Donation 5 ☐ Other (Specify)		Dulaney Valley M			um, Md.				
s AL r death he fune al.		Monald Co	Shale of	105	0 York Rd.,	neral Home, I Towson, Md.	21204				
E 3 6		23. PART I. Enter the diseases, er a shock, or heart feliure.	complications that caused List only one cause on a	d tha death. Do not anter tha meach line.	ode of dying, such as ca	ardiac or respiratory arres	Approximata interval Between				
24 Tille 91, Be		immediate cause (Final disease or condition resulting in death) a. CARDIOVASCUME ARREST									
2 5 5 F	_		OUE TO (OR AS A	A CONSEQUENCE OF):							
be execut sician and c rior to buni traumatic	CATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING									
Phys phys	FIC	CAUSE (Diseese or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
나 등 등는 이	ERTIFIC	resulting in death) LAST	d								
The d We d	AL C	PART II. Other significent condition	s contributing to deeth b	out not reaulting in the underlyis	ng cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
1 = 2 = 6	EDICAL					1 Tes 2 No	COMPLETION OF CAUSE OF DEATH?				
The law requires the has been sign at Dept. of Healing Bm 23 shows	: ME						1 TYES 2 NO				
N: The law icate has the State Dept Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF DEATH (Check only	one)	<u> </u>				
PHYSICIAN: The this certificate with the State	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 - Inpetient 2 - ER/Outp		me 5 Residence 6 Ot						
	ву РНҮ	1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	JURY AT 26d. D ORK? YES 2 NO	EŞCRIBE HOW INJURY OCCUP	IED				
TENDI TOR: A after de	ETED I	3 Suicide 6 Could not be 4 Homicide detarmined	26s, PLACE OF INJURY building, etc. (Spec	 At home, farm, street, factory, officity) 		OCATION (Street and Number or ty or Town, State)	Rural Route Number,				
HOSPITAL OR AI FUNERAL DIREC WITHIN 72 HOURS	COMPLE			riedge, death occurred at the time, det on and/or investigation, in my opinion,			euse(s) and manner se stated.				
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT: If	BE C	29b. SIGNATURE AND TITLE OF CENTURE	411		29c. LICENSE NUMBER		IGNEO (Month, Day, Year)				
THE TO THE DE FILED	TO B	70 HANG AND ADDRESS OF THE PARTY OF THE PART			DS2021	1 8	19 93				
			2. KO 71, M.D	6701 W. CA	TE esusay	Towson, Md.	21204				
	1	THE DATE AUGMOND. DV. 1993	32 REGISTRAR'S SIGN	Arune Aconda po			-				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH	
ESTELLE		T	UCKER		08	12	19	93	10:01	
4. SOCIAL SECURITY NUMBER 215-16-0274	5. SEX 6	AGE (In yrs. last birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	0	8. BIRTH Countr	PLACE (State or Foreig y)	
90. FACILITY NAME (If not institution, give		VENUE #40		TIMORE	EATH		9c. COU	NTY OF D	EATH	
MARYLAND 106. COUNT	TY.		TIMORE	TION			10d. INSIDE CITY VIMITS? 1 YES 2 NO			
1401 LAKEWOOD	AVENUE						ZEN OF WHAT COUNTRY? TED STATES			
11. MARITAL STATUS 1)(Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT 8 FORCES? 1 [IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPAR ecity Cubert, Mexica 2 NO Specifi	n, Puerto F	? (Specify Ye lican, etc.)	s or No —	Black	. RACE — American Indien, Black, White, etc. Specify: BLACK	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8 TH	UCATION le completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.) 1PLOYED	ON st of working	16b.	KIND OF BU	SINESS/IN	DUSTRY		
17. FATHER'S NAME (First, Middle, Last)	MILLER			18. MOTHER'S NA	ME (First, A	tiddie, Maiden	Surneme)			
190. INFORMANT'S NAME (Type/Print) REGINA L. STE\	ENSON	19b. MAILING 7938		GE RD.					1236	
20s. METHOD OF DISPOSITION 1\(\sum_{\cup}\)\(\text{Qurief}\) 2 \(\sum_{\cup}\) Cremation 3 \(\sum_{\cup}\) Rer 4 \(\sum_{\cup}\) Donation 5 \(\sum_{\cup}\) Other (Specify)	noval from State	206. PLACE AND DATE			EN8		ALTI			
21. SIGNATURE OF FUNERAL SERVICE L	310 C	and		C. MARC		1.110	1 E.	. NO	RTH AVE	
23. PART I. Enjor the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterio	on each line. Sclerotic R AS A CONSEQUENCE O	Cardi					rout,	Approximate interval Baty Onset and D	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE O								
PART II. Other algorificant condition	na contributing to de	eath but not resulting	In the underlyin	g cause given in	Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	24b	WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🚫 YES 2 🗌 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	ACE OF OEATH (Ch						
27. MANNER OF DEATH X Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 286. TIM	E OF 28c. IN.	URY AT		CRIBE HOW	INJURY OC	CURED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, ferm, c. (Specify)	street, factory, offic			ATION (Street or Town, State		r or Rural F	Route Number,	
anal		y knowledge, death occur nination end/or investigation) end menner ee state	
296. SIGNATURE AND TITLE OF CERTAIN	Chufe	44)		O. C. M			29d. DAT		(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W DENNIS CHUTE 31. DATE FILEO (Month, Day, Year)		111 Penn		t, Balt	imor	e, M	aryl	.and	21201	

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A COLUMN TO SERVE THE SERV

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transal be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ance. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)											93	3 2	4447
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH DE A	AND I		YGIENE			
	1. DECEOENT'S NAME (First, Middle, Last)						DEA		2. DATE OF D	_			. TIME OF DEATH
	JASON G	TULL							AUGUST	DAY	1	993	10:25 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS,	7. DATE OF BI	RTH	-	a DIOTHE	ACT (Charles on Free law)
	222-56-3587	1 M 2 - F	18	YRS.	MONTHS	DAYS	HOURS	MIN.	037287	1975		Country)	laware
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	TOWN C	OR LOCATI	ION OF DE	EATH		9c. COU	NTY OF DEA	
O.B.	THE JOHNS HOPKI	NS HOSPIT	AL		BA	LITA	10RE	CITY	Υ		RAI I	TMORE	:
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c CIT	Y, TOWN C						<i>D</i> 111-2		
DIRECTOR	Delaware Ken	nt			Dove		1011					- 1	6d. INSIDE CITY LIMITS? NO NO NO NO NO NO NO NO NO NO NO NO NO
	10e. STREET AND NUMBER					101	. ZIP COD	E			10a. CITI		AT COUNTRY?
FUNERAL	7 Lost Tree Co	ourt				Ì	19	9901			U	J.S.A.	
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (OF HISPAN	VIC ORIGIN? (Spi	ecify Yea o	r No—	14. RACE -	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NA	10			2 NO		n, Puarto Rican,	etc.)		Black,	White White
													WILLE
	15. OECEDENT'S EDU (Specify only highest grade	completed)	(Gi	CEDENT'S ive kind of a Do NOT us	work done o	during mo	ON st of worki	ing	16b. KIND	OF BUSI	NESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)		ident				Hig	h Sc	hoo1		
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Maiden Si	ımame)		
ш	Ronald G.	rull							nne Clo				
TO B	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Number, Cit	y or Town,	State, Zip	Code)	
F	Ronald G. Tull			+7562	Col	.dspi	cing	Plac	ce-Ster	ling	, VA	201	.65
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE A						OATE O/1	20c. LOC/	TION —	City or Town	, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE D		°Br1d	gevii						Brid	gevi	TTe'I	elaware
	21. SIGN ON OF FUNERAL SHAVEE D	E C	1		22. H	name an larde	D ADDRE	Fune	eral Ho	me-2	02 L	aws S	Street
	navare.	Mary	My		B	rida	gevi	lle,	DE 19	933			
*	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	caused the da	eth. Do r	not enter	the mo	de of dy	ing, suci	h as cardiac o	r reapira	itory arr	eet,	Approximete
1	IMMEDIATE CAUSE (Finel disease or condition	1											Onset and Death
	resulting in death)	o	evicem	19									2 yrs
	_	00E 10	(OR AS A CONSEC	DUENCE OF	F):								,
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO	OR AS A CONSEC	DUENCE OF	F):								
SA	cause. Enter UNDERLYING	c											İ
E	CAUSE (Disease or Injury that initieted events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
	resulting in death) LAST	d											1
0	PART II. Other significant condition	s contributing to	death but not n	eeulting i	n tha un	deriying	Cause (given in	Part I. 24a.	WAS AN AI	JTOPSY	24b. W	ERE AUTOPSY FINDINGS
S										PERFORM	ED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL									_ '	YES >	NO	٥	F DEATH?
												'	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one)				
SIC	1 VES 2 NO	HOSPITAL: Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		• 5 □ Re	sidence	8 Other (Spec	cify)			
РНҮ	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIMI	E OF URY	28c. INJU	URY AT		28d. DEŞCRIBE	E HOW INJ	URY OCC	UREO	
B	1 Netural 5 Pending 2 Accident Investigation				М		ES 2 [NO					
0	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At hor atc. (Specify)	me, farm, s	dreet, facto	ory, office	1	ĺ	281. LOCATION City or Town		d Number	or Rural Rou	te Number,
1 1	no CERTIFIED												
OMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of											
8				astigatio	u, in my o	piriion, de							
H	296. SIGNATURE AND TITLE OF CERTIFIED	o D.J	1.0		Π.,		29c. LICI	ENSE NUM	ABER	1	29d. DATE	E SIGNEO (N	fonth, Day, Year)

Pediatni Onc OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hospital anton Goldman Johns 31. DATE FILED (MORITH, Day, Year)
AUG 2 0 1993 32. REGISTRAR'S SIGNATURE
Julia Deviden

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	1 -	FOR STA REG	TE	RAI
3	1.D	ECED	NT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last) 1. SABEL E, VOSS 2. DATE OF DEATH MONTH DAY YE OS - 16 - 93										3. TIME OF DEATH	
PLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 219-40-9510	5. SEX 1 M 2 F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HE	RS. 7. DATE (Mont	OF BIRTH	8		PLACE (State or Fore	
	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH											
	10a. STATE 10b. COU Maryland	INTY	14 T	10c. CIT	Y, TOWN OR L Balt	ocation timore Ci	ty				10d. INSIDE CITY LIMITS? 1 YES 2 N	
	10e. STREET AND NUMBER 4217 Kolb Avenue					101. ZIP CODE 21206		10g. CITIZEN O			DE WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		RMED NO	If ye	DECENDENT OF HIS B, specify Cuben, Me YES XX NO S	xican, Puerto		or No-	14. RACE Black, Specify	- American Indian White, atc. :: White	
		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				PATION ng most of working	166	Homer	siNESS/INO		MITCE	
E COMPL	17. FATHER'S NAME (First, Middle, Last) James T. Gurdis						a Buck			HIA BU	ICKMASTER	
TO BE	19a. INFORMANT'S NAME (Type/Print)					treet and Number or R	ural Route Num	ber, City or Tow	n, State, Zip	Code)	OKINSTEK	
	Ms. Mildred Anna Voss 20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory or other place) Gardens of Faith Cem. 8-19-93 Baltimore,									City or Tow		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE Lassahn Funeral Home 7401 Belair Rd. Baltimore, Md. 21236											
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c										
MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO	(OR AS A CONSEC	QUENCE O	F):	rlying ceuse giver	n in Part I.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINI ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the condi	c	(OR AS A CONSEC	QUENCE O	F): In the under	rlying couse giver		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the condi	e	(OR AS A CONSECTION OF AS A CONS	resulting	OTHER: 4 Nursing		I (Check only or	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the conditions of the conditions of the cause of the ca	tions contributing to HOSPITAL: 1 Inpetitant 2 28s. DATE OF (Month, D) on 28s. PLACE O be	(OR AS A CONSECTION OF AS A CONS	QUENCE O	OTHER: 4 Nursing	26. PLACE OF DEATH Home 5 Resider c. INJURY AT WORK? YES 2 NO	I (Check only or	PERFOR	RMED? R NO NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NC	
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the condition of the cond	tions contributing to HOSPITAL: 1 Inpetitant 2 28s. DATE OF (Month, D) on 28s. PLACE O be	death but not r DER/Outpatient 3 INJURY — At hoste, (Specify) my knowledge, de	resulting 3 DOA 28b. TIM IN. Dome, farm,	OTHER: 4 Nursing E OF JURY M 1 street, factory,	28. PLACE OF DEATH Home 5 Resider NORY? YES 2 NO office	1 (Check only or nos 8 Other 28d. DE:	PERFOR 1 YES 2 To (Specify) ATION (Street or Town, State)	NJURY OCC	CURED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the c	tions contributing to HOSPITAL: 1 Inpetian: 2 28a. DATE OF (Month, D on be diller). 1YSICIAN: To the best of diller. On the best of silvers.	death but not r DER/Outpatient 3 INJURY ay, Year) OF INJURY — At he atc. (Specify) my knowledge, de xamination and/or	resulting 3 □ DOA 28b. TIM IN. ome, farm,	OTHER: 4 Nursing IE OF 28- JURY M 1 street, factory, ed at the time, on, in my opini	26. PLACE OF DEATH Home 5 Resider C. INJURY AT WORK? YES 2 NO office date and place, and lon, death occured at	I (Check only or nee 8 Other 28d. Det	PERFOR 1 YES 2 1 (Specify) 3 CRIBE HOW I ATION (Street or Town, State) 100(a) and mail	NJURY OCC	CURED or Rural Rolled. ted. te cause(a) E SIGNEO (AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO DUTE Number, and menner as state (Month, Day, Year)	
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the conditions of the conditions of the conditions of the conditions of the cause of the ca	L HOSPITAL: 1 Inperient 2 28e. DATE OF (Month, D) at 14YSICIAN: To the best of silvers. WHO COMPLETED CAUS. WHO COMPLETED CAUS.	death but not r DER/Outpatient 3 INJURY ay, Year) OF INJURY — At he atc. (Specify) my knowledge, de xamination and/or	POR 27) (Type	OTHER: 4 Nursing IE OF 28- JURY M 1 street, factory, ed at the time, on, in my opini	26. PLACE OF DEATH Home 5 Resider C. INJURY AT WORK? YES 2 NO office date and place, and lon, death occured at	I (Check only or nee 8 Other 28d. Det	PERFOR 1 YES 2 1 (Specify) 3 CRIBE HOW I ATION (Street or Town, State) 100(a) and mail	NJURY OCC	CURED or Rural Rolled. ted. te cause(a) E SIGNEO (AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO NO NOTE: NOTE: NO NOTE: NOTE: NO NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending principan	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning managed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HENRY WEAVER JR. **AUGUST** 14 1993 1:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest hirthday 7. DATE OF BIRTH 1/20/11/11/19 10/5 1 IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 41 214-56-4397 1 🕅 M 2 🗆 F DAYS HOURS MIN MARYLAND YRS. 9e. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTO BALITMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY BALTIMORE 10d. INSIDE CITY LIMITS? MARYLAND 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21218 10g. CITIZEN OF WHAT COUNTRY? HOMESTEAD AVENUE 1510 UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, If yes, specify Cuben, Mexican, Pu 1 YES 2 (NP Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВҮ Specify:BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) CAB DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme)
VIOLETTA DEAL HENRY WEAVER SR. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S MAILING ADDRESS (Street end Number of Rural 3804 REXMERE RD. BALTIMORE, MD 2 HENRY WEAVER SR. 21218 20a, METHOD OF DISPOSITION
1 💢 Burlel 2 🗀 Cremation 3 🗀 Removal from State
4 🗆 Donation S 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of LANSDOWNE, OATE MTTTELEY, CTZTTOONPINOCEEMETERY 8-21 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. 1101 E. NORTH AVE 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximete** shock, or heart fellure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) NO DUE Sequentially list conditions. RAS A CONSEQUENCE OF TO if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ABLE PRIDE TO COMPLETION OF CAUSE YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) MOSPITAL:
1 Dinpatient 2 - ER/Outpatient 3 - DOA OTHER: e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY - At home, ferm, street, factory, office 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piecs, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the begit of examination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and menner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Yber, BE 2 PLETED CAUSE OF DEATH,(ITEM 27) (Type, 31. DATE FILED (Month, Day, #2. REGISTRAR'S SIGNATURE whie Davids AUG20 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLANI	/ DEPARTMENT	OF HEALTH A	ND MENTAL	HYGIENE
	CERTIFICATE			REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	LAND	DEPAR	TMEN'	OF H	EALTH AND	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME OF DEATH
	Clarence E. Ware										YEAR	8 A
	4. SOCIAL SECURITY NUMBER		(In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)			IPLACE (State or Foreign
ŷ	220-20-5458	¹ x M ² □ F 63	3	YRS.	WONTHS	DAYS	HOURS MIN.		-9-30		Md	,
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
ECTOR	Union Memorial Hospital Baltimore City											
EC	10a, STATE											
FUNERAL DIR	Md	Balto										LIMITS?
	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
	2125 Homewood Ave 3rd Fl. 21218 U.S.A.											Α.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — Am										- American Indian.	
ВУ	1 Never Married 2 Married To Never Married 2 Married 2 Married To Never Married 2 Married										Speci	k, White, etc. //y:
ED E	The state of the s											Black
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired,) 16b. KIND OF BUSINESS/INDUS (Inc. Do Not use retired,)										ISTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)							U.S.	Service		
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										Cai	DCLVICC
ш	Thomas Coleman						Mary					
<u>m</u>	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	and Number or Rural			, State, Zip C	Code)	
임	June O. Ware						Lane Ba					
	20a. METHOD OF DISPOSITION			AND DATE O	FDISPOS	ITION (Na					ity or To	wn, State
	1											
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY											
	Harch F/H-West 4300 Wabash Ave											
ERTIFICATION	Interval Betwee Onset and Dear deleted events resulting in death) List only one cause on sach line. Interval Betwee Onset and Dear Onset and Dear Onset and Dear Dear Onset and Dear Ons											
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN PERFOR									MED?	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	· ·	ACE OF DEATH (C					
PHYSICIAN:	1 TYES 2 THO	1 Inpatient 2 ER/Ou			4 🗆 Nur	ing Hom						URIAL HUSPIT
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)		26b. TIMI	E OF URY		RK?	28d. DE	ESCRIBE HOW IN	JURY OCCU	JRED	
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윤	4 Homicide 6 Could not be determined	building, etc. (Sp.	ecify)			ory, ornel		City	CATION (Street as y or Town, State)	nu number o	r riurai F	ioute Number,
COMPLETE	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knoon.) and manner as stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	RASSA.	. ^				29c. LICENSE NU		000-		SIGNED	(Month, Day, Year)
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	30. NAME AND ADDRESS OF PERSON WHO	- nr01		7 1500	ore	ALI		718	_			
(31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG										
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 yours after death, Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the buble filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMEN	F OF H	DEAT	AND I	MENTAL	HYGIE REG. N			
1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE O	F DEATN			
MARY	RAY	WASHINGT	ON						Aug	17.	1993	YEA	ⁿ
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTN		_	PITN
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RESIDENCE OF DEC	CEDENT												
10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION						T

									2. DATE	H E	AY	YEAR	3. TIME OF	DEATN	
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BE	Edward	Keet	S						Jose	phine	Adam	S			
0	19a. INFORMANT'S NAME (7)				9b. MAILING	ADORESS (S	reet and Numb	er or Runal	Route Num	ber, City or Tox	n, State, Zip	Code)			
F	Mrs Matilda	M. Te	ee1		2400	Linde	nAve.	Bal	Ltimo	re, Mo	1. 21	217			
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	22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Ro Eline Funeral Home Reisterstown, Md. 211														
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Gary A. Manko
31. DATE FILEO (Month, Day, Year)

AUG 2 0 1993 750 Main Street

Reisterstown, Md. 21136

32. REGISTRAR'S SIGNATURE Julia Davido

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	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Dep	
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	. Williams				2. DATE OF DI	DAY	YEAR S. TIME OF DEATH 18:05 PM	
	4. SOCIAL SECURITY NUMBER 405-52-643/	(iii) iii lad on triody)				7. DATE OF BII (Month, Day,	rear)	8. BIRTHPLACE (State or Foreign Country) Kentucky	
OR	So. FACILITY NAME (If not institution, give str Shady Grove Adv.	Adventist Hospital			OWN OR LOCATION OF D		9c. COUN	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	FDECEDENT			-7				
	Maryland Mont				ersburg			10d. INSTOE CITY LIMITS? 1 TYPES 2 NO	
FUNERAL	10e. STREET AND NUMBER	TREET AND NUMBER			101. ZIP CODE	=	10g. CITIZ	EN OF WHAT COUNTRY?	
Ä	63 Brassie Court				20760			ISA	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced				S DECENDENT OF HISPA es, specify Cuban, Maxic YES 2 NO Speci	an, Puarto Rican,	ecify Yes or No— etc.)	14. RACE — American Indian, Black, White, atc. Specify: Black	
TE	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	ork done duri	UPATION ing most of working	16b. KIND	OF BUSINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Execut:				I.B.M.		
	17. FATHER'S NAME (First, Middle, Last) Willie H. Williams					AME (First, Middle,			
BE	WIIIIE II. WIIIIAMS 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADD					e Daills			
2	Vickie Willi	ams	1578		nt Drive				
	20e. METHOD OF DISPOSITION 1. a Buriel 2 XX gremation 3 □ Ramo		PLACE AND DATE O	F DISPOSITION		OATE	20c. LOCATION — C	Sty or Town, State	
	4 Donation 8 Other (Specify)	Lee	xington	Ceme		8-20	Lexing	ton, Ky.	
	Deanis	Th			22. NAME AND ADDRESS OF FACILITY IVES-Pearson Funeral Home Arlington, Va. 22201				
	23. PART . Enter the diseasea, or co	omplications that caused	tha daath. Do n	ot antar th	a mode of dying, au	r Va.	ZZZU I er reapiratory arre		
	IMMEDIATE CAUSE (Final	list only one cause on each	•					intarval Batween Onset and Death	
	disease or condition resulting in death)	UMEMIA							
z		AIDS NE	FP/HRO		44				
TIFICATION	Sequantially list conditions, if any, landing to immediata	DUE TO (OR AS A C			10.1		C .		
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OVE TO (OR AS A C	CONSEQUENCE OF	men	a vegen	eng ,	syndus.	ME	
	reaulting in death) LAST	1				/			
LCE	PART II. Other significant conditions	contributing to death bu	t not resulting in	tha unda	rlying cause given in	Part i. 24e.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL							YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
ME						_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				02 DI 107 OF DESIGN				
SICI	EXAMINER?	HOSPITAL: 1 Minpatient 2 ☐ ER/Outpat	tlent 3 DOA	OTHER:	26. PLACE OF DEATH (CI g Home 5 - Residence		7/h/)		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28	Ic. INJURY AT WORK?		HOW INJURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			М	1 YES 2 NO				
8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY – building, atc. (Specif)	— At home, ferm, st y)	reet, factory	, office	28f, LOCATION City or Tow	(Street and Number on, State)	or Rural Route Number,	
PLE	294. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occurre	d at the time	, date end place, and dur	n to the cause(s)	and manner ea state	d.	
14/05								cause(s) and manner es stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	11/			-290-LICENSE NU	MBER / C	29d. DATE ▶ 8	SIGNEO (Month, Day, Year)	

MONT.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

SKI, MD / 9
3/REGISTRAR'S BIGNATURE

31. DATE FILEO (Month, Day, Year)
AUG 21 1993

WIELERI

MD 7087

6-14

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	CATE OF DEAT	<u>H</u>	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Leat) JOHNNY		WHITE		2. DATE (DF DEATH		50 P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday) 31 YRS.	F UNDER 1 YEAR F UNDER 1	24 HRS. 7. DATE C. (Mogth, 7 – 1		6. BIRTHPLACE	State or Foreign
99. FACILITY NAME (If not institution, give JOHNS HOPKI RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION BALTIMO	N OF DEATH	9c. COUN	ITY OF DEATN	
JOHNS HOPKI RESIDENCE OF DECEDENT 106. STATE 106. COUNT MARYLAND	TY		TOWN OR LOCATION LTIMORE			10d. IN	SIDE CITY MITS? ES 2 NO
106. STREET AND NUMBER 5606 BURTIS AV	ENUE		101. ZIP CODE 2120			ZEN OF WHAT CO	
3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	13. WAS DECENDENT OF	, Mexican, Puerto R		14. RACE — Ame Black, White, SpecifyBL/	
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) JOHNNY LEE WH		life. Do NOT use	rk done during most of working	16b.	KIND OF BUSINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) JOHNNY LEE WH	ITE, SR.		18. MOTH SH I	RLEY DO	BIOS		
Pa. INFORMANT'S NAME (Type/Print) DENISE MITCHEL	L	19b. MAILING A 5606	BURTIS AVE	NUE, BA	or, City or Town, State, Zip ALTIMORE,	MD 21	.2 07
26e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF COMMENTS OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET		8 - 2			
21. SIGNATURE OF FUNERAL SERVICE L	D L	~~~	WM. C. MA		1101 E.		
23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MUL	on each line. TIPLE AS A CONSEQUENCE OF	STAB	Worn	25	i i	pproximete nterval Between enset and Deatl
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OF DUE TO (OR	AS A CONSEQUENCE OF)	AND EXT	REMI	TIES	r	INUTE
PART ii. Other algnificent conditio	na contributing to dea	ith but not reaulting in	the underlying couse gi		24a. WAS AN AUTOPSY PERFORMED?	AVAILA COMPL OF DEA	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpettent 2X YER	/Outpatient 3 DOA	OTHER: Nursing Nome 5 Res		- TOTAL	24050	
2 Accident investigation	8 14	bar) INJU	M 1 YES 2 X	NO SU	IBJECT ST	ABBED	mhae
4 Homicide determined	MARYI	CAND STAT	E PENITENT at the time, date end place,	IARY Chy o	BALTIMO	RE CIT	Y
	EF: On the basis of esami		, in my opinion, death occure	d at the time, date	end place, and due to the	e ceuse(e) end m	
296. SIGNATURE AND TISKE OF CENTIFE 30. NAME AND ADDRESS OF PERSON N	HO COMPLETED CAUSE O	lel 11) 0	CME	29d. DATE ▶8	E SIGNED (Month,	1993
SMIAUST 31. DATE FILED #Months-Deal What's	V	Penn Stre	et, Baltim	ore, Ma	ryland	21201	

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ó	Sign	lea	
an inquired that are death to include be executed within 24 hours after beath, rage o high be retained by the hospital of attending pr	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bi	-	
-	pe	f. (
9	60	ep	

							93	24454
	FOR	STATE OF MARY	AND / DEDAM	THENT OF U	CALTIL AND I	MENTAL HVOLEN		×
_	1 - STATE REGISTRAR	SIATE OF WART		ICATE OF		MENIAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) ACK BRUAN	N WILLIAM	V.S				AY YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		3 1420 M BIRTHPLACE (State or Foreign
	195 183592	1 💢 M 2 🗌 F	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	, ,	Country)
~	90. FACILITY NAME (If not institution, give stress of the	eet and number)	les		R LOCATION OF DE		9c. COUNTY	
E S	RESIDENCE OF DECEDENT	/ /////////////////////////////////////						TOOHERY
DIRECTOR	100. STATE 106. COUNTY Maryland Mon	ntgomery		Y, TOWN OR LOCATIO				10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	regoriery		larksbur	ZIP CODE		40 - 0/7/7/7/	1 TYES 2 NO
FUNERAL	15820 Comus Rd.				0871			OF WHAT COUNTRY?
I S	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14.	States RACE — American Indian, Black, White, etc.
ΒY	3 Wildowed 4 Divorced IF YES, GIVE WIRM OR DATES 1 YES 2 NO Specify: Specify:						Specify:	
8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	N Left weetles	16b. KIND OF BU		White
COMPLET	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)							
OME	17. FATHER'S NAME (First, Middle, Last)		Postal	Clerk	18. MOTHER'S NAI	IIS Pos ME (First, Middle, Meiden	stal Se	prvice
ш	Jacob S. Williams					Rebecca Ur		
75	19. INFORMANT'S NAME (Torofficial)						de)	
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 - Remo		b. PLACE AND DATE (ne of	DATE 20c. LO	CATION — City	or Town, State
	camelery, cremelory completely located Located						ilda, Pa	
	Ives-Pearson Funeral Homes							
\vdash	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or resolvatory errest.							
	IMMEDIATE CAUSE (Final							
	disease or condition						of D	
7		CAVONICE	SUDSTVACTO	Du h	nakon a	Vines		
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:	inn J.	Mula		
FI CA	cause, Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	a of ling	Emet	tollver	/		
CERTIFICATION	that initiated events resulting in death) LAST	DOL TO (ON NO.	N CONDECOUNTE OF	7.				j
	PART II. Other aignificent conditions	contributing to death	out not resulting i	n the underlying	Causa Given in I	Part I. 24a. WAS AN	ALITOROV	ALL MERE MERENA PROPERTY
PHYSICIAN: MEDICAL	with Regarding	· above · D	tarmin	pt Re	queste I.	PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEC	nuttobe	Resusatulad	in case	of aires	T	1 TYES 2	- NO	OF DEATH?
N.				U	51			
SICI/		HOSPITAL:		OTHER:	CE OF DEATH (Che			
энх	27. MANNER OF DEATH	1 Minpatient 2 ☐ ER/Out	26b. TIMI	4 Nursing Home OF 28c. INJUI	RY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 YE				
COMPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, s cify)	treet, factory, office		26f. LOCATION (Street of City or Town, State)	and Number or F	Burel Route Number,
PLE	29e. CERTIFIER (Check only	IAN: To the best of my know	riedge, death occurre	d at the time, date e	nd place, and due	to the cause(e) and mer	nner ee stated.	
35 1	2 MEDICAL EXAMINER:							use(s) end menner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
BE	290, DATE SIGNED (MONTO, Day, 1647)							
ш	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			1		turtte.	hua MIN 2022
BE	30. NAME AND ADDRESS OF PERSON WHO MAKYAM 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE IZ KAH I 32, REGISTRAR'S SIGN Fuha Davidson	MID 90	Print) 2 Wind	1	Vlane-j	furthers	burg MO 2082

DHMH-16 Rev 1/89

MD 20828

	FOR						_	
	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF FICATE OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT			MMERMA		2, DATE OF DEATH	MY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 396-34-4060	5. SEX 6. AC	SE (In yrs. lest birthday) 53 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mg/ll) 23/39		8. BIRTHPLACE (State or Foreign Country) Wisconsin
-	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D		9c. COUN	TY OF DEATH
10,	1 W.FRANKLIN STREET BALTIMORE CITY							
DIRECTOR	10a. STATE 10b. COUNTY	Y		ry, town on Loc Baltimor				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER	- CI		1	Dt. ZIP CODE		1.5	EN OF WHAT COUNTRY?
N N	1 West Franklir		0.00110.400100		2120			USA
B	1 Never Married 2 Married FORCES? 1 YES 2 NO				PECHOENT OF HISPAI Pecify Cuban, Mexica S 2 NO Specif	NIC ORIGIN? (Specify Ye In, Puerto Rican, etc.) y:	s or No	14. RACE — American Indian, Black, White, atc. Specify: White
E	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. OECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDU	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	see retired.)		County	. 01	1 Carrier
OM	17. FATHER'S NAME (First, Middle, Last)	4	Case	e Worker		ME (First, Middle, Meiden		1 Service
BE C	Arthur Zimmerma	n				ine Tomas:		
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Ervin Tomasik 200. METHOD OF DISPOSITION					waukee, W.		
	1 Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DATE Cometory, Crematory or MCLTO	remator	y, Inc.			ity or Town, State .11e, MD 21228
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			NO ADDRESS OF FA	CILITY Marzu	llo Fu	meral Service
	Muchael I. Margullo 3981 Carrollton Rd., Upperco, MD 21155							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hypertensive Afflutsclerafic Cardiavascular Alicensis							
NOI	disease or condition resulting in death) Sequentially list conditions,	// OUE TO (OR A	A CONSEQUENCE C	ovelent				Interval Between
CERTIFICATION	disease or condition resulting in death)	DUE TO (OR A)	in Ather	ðscleretr n:				Interval Between
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF	osclerota n: n:	c Cardir	Part I. 24a. WAS AN	AUTOPSY	Interval Between Onset and Death J Caux 24b. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF	osclerota n: n:	c Cardir	ovescular	AUTOPSY RMEO?	Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF	osclerota n: n:	c Cardir	Part I. 24a. WAS AN PERFOI	AUTOPSY RMEO?	Interval Between Onset and Death J CALL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitated eventa resulting in death) LAST PART II. Other significant condition	DUE TO (OR A. DUE TO (OR A. OUE TO (OR A. a contributing to death	S A CONSEQUENCE OF	F): In the underlyin	c Cardir	Part I. 244. WAS AN PERFOI	AUTOPSY RMEO?	Interval Between Onset and Death J Cause 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A DUTY NOT POSSIBLE OF A CONSEQUENCE O	F): In the underlying 26. P	c Caroli	Part I. 24a. WAS AN PERFOI	AUTOPSY RMEO?	Interval Between Onset and Death Conset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dieses or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH	DUE TO (OR A. OUE TO (OR A. OUE TO (OR A. a contributing to death	S A CONSEQUENCE OF S A CONSEQUEN	The underlying to the underlyi	Cauchi Grause given in LACE OF DEATH (Ch. THE 5 Hesidence JURY AT ONK?	Part I. 24a. WAS AN PERFOI	AUTOPSY RMEO?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR A: OUE TO (OR A: OUE TO (OR A: OUE TO (OR A: A: A CONTributing to death HOSPITAL: 1 □ Inpatient 2 □ ER/O 28e. DATE OF INJUR (Month, Day, Yea: 28e. PLACE OF INJUR	S A CONSEQUENCE OF A CO	P: In the underlying the state of the state	Cauchi Grause given in LACE OF DEATH (Ch. THE S Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS AN PERFOI 1 Styles 2 eck only one) 8 (X Other (Specify) 2 28d. DESCRIBE HOW I	AUTOPSY RMEO?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR A: DUE TO (OR A: OUE TO (OR A: a contributing to death HOSPITAL: 1 □ Inpatient 2 □ ERVO 28e. DATE OF INJUR (Month, Day, Year	S A CONSEQUENCE OF A CO	P: In the underlying the state of the state	Cauchi Grause given in LACE OF DEATH (Ch. THE S Residence JURY AT ORK? YES 2 NO	Part I. 24e. WAS AN PERFOI 1 STYES 2	AUTOPSY NMEO? E NO STAIR NJURY OCCU	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR A: DUE TO (OR A: OUE TO (OR A: OUE TO (OR A: A: C. OUE TO (OR A: DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF S A CONSEQUEN	Disclusion F): F): In the underlyin 26. F OTHER: 4 Nursing Hori IE OF 28c. IN WINTY M 1 street, factory, offile ed at the time, det	Cauching Cause given in LACE OF DEATH (Ch. The 5 Gesidence SURY AT ORK? YES 2 NO The control of the contro	Part I. 24a. WAS AN PERFOI 1 YES 2 BCK Only one) 8 X Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY NMEO? E NO STAIR NJURY OCCU	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death Onset of Death? 1 Yes 2 No
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR A: DUE TO (OR A: OUE TO (OR A: OUE TO (OR A: OUE TO (OR A: A: a contributing to death B contributing to death a contributing to death B contributing to death C contributing to death B contributing to death C contributing to death	S A CONSEQUENCE OF S A CONSEQUEN	Disclusion F): F): In the underlyin 26. F OTHER: 4 Nursing Hori IE OF 28c. IN WINTY M 1 street, factory, offile ed at the time, det	Cauching Cause given in LACE OF DEATH (Ch. The 5 Gesidence SURY AT ORK? YES 2 NO The control of the contro	Part I. 24a. WAS AN PERFOI 1 PYES 2 8 X Other (Specify) 28d. DESCRIBE HOW I City or Town, State) 10 the cause(e) end mentime, date end place, er	AUTOPSY RMEO? E NO STAIR NJURY OCCU and Number of	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Deat
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Investigation determined 2 Accident Could not be determined Could not be determined Chack only one) CERTIFYING PHYSIC (Chack only one) CERTIFIER Chack only one) CERTIFIER CANADA CANA	DUE TO (OR A: DUE TO (OR A: OUE TO	S A CONSEQUENCE OF S A CONSEQUEN	Print)	g cause given in LACE OF DEATH (Ch. The S Residence JURY AT ONE? The send place, end due death occurred at the 29c. LICENSE NUM O. C. M	Part I. 24a. WAS AN PERFORM 1 PYES 2 8 X Other (Specify) 2 28d. DESCRIBE HOW I City or Rown, State) 10 the cause(e) end men time, date end place, end	AUTOPSY RMEO? R IN NO STAIR NJURY OCCU and Number of the to the the the the the the the the the the	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO RWAY IRED Rural Route Number, 5. Ceuse(e) end menner ee stated. SIGNED (Month, Dey, Year) 3 - 5 - 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be installed by the hospital or attending position.	ir death. Page 6 may be retained by the hospital or attending physicing
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-rating be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the bursa-critical al-
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.	examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		PAUL AMBI	ROSE		2. DATE OF DEATH	, 19 <i>5</i> 3°	3. TIME OF DEATN 11:40 A M
	4. SOCIAL SECURITY NUMBER 213-26-5514 9a. FACILITY NAME (If not institution, give st	1 XX 2 □ F 62	YRS.	ONTHS DAYS H	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JANUARY 6	,1931 Cour	NPLACE (State or Foreign MARYLAND
TOR	1419 KIRKWOOD ROA			WOODLAU		АТН	9c. COUNTY OF BAL7	IMORE
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE		TOWN OR LOCATION		F 550		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1419 KIRKWOOD ROA	ND.		101. 211	21207	- 10	10g. CITIZEN OF	what country?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	If yes, specif	Cuban, Maxica KNO Specifi	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, stc. chy:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor We. Do NOT use of MEAT CUT	k done during most a retired.)	i working	GIANT	FOOD	
BE CON	17. FATHER'S NAME (First, Middle, Last) VINCENT THOMAS	AMBROSE		N	IAGDALE		IR	
10	1991. INFORMANT'S NAME (Type/Print) BLANCHE AMBROSE	(WIFE)				Houte Number City or Tow LTIMORE, M		21207
	20e, METHOD OF DISPOSITION A Burial 2 Cremation 3 Remix 4 Donation 5 Other (Specify)	Ck	PLACEAND DATE OF	EMETERY	8/	23/93 M	CATION — City of T IARRIOTTS	OVILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	with		LEROY N 1630 EL			ITZKE FU	NERAL HOMES LE, MD. 21228
NC	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	B. DUE TO (OR AS A	10 - Res consequence of:					Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	L	CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	a contributing to death bu	at not resulting in	the underlying c	euse given in	Part I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE	OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY WORKS	AT	28d. DESCRIBE NOW	NJURY OCCURED	
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, larm, stre	et, factory, office		281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
COMPLET		CIAN: To the best of my knowle R: On the basis of examination						(a) and manner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CENTERIN	all hely	4		D345	9 MD	29d. DATE SIGNE	20 - 9 3
8	G. Michael	Meyer UT	IG Mai	iden Ch	olce	Lano Su	1 to 202	Catensville
+	AUG 2 3 1993	HEGISTBAR'S SIGNA	Andreas.					

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cours are occupit. Taye of the respired by the nospital of attending physicial	the funeral director, page 5 should be detached for use as the burial-transit permit.
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Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 The minimal rectificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The State Dept. of Health and Mental Hygiene prior to burial, cremation, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, PHYSICIAN: The law requires that the death certificate be executed with TO THE HOSPITAL
TO THE FUNERAL DEFENSE AND

-	1. DECEDENT'S NAME (First		101110							MONT			YEAR	3. TIME OF DEATN
1	REBECCA 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SE		ADAMS 5. SEX	6. AGE (In yrs. le	and blotholand	IF UNDER	- WPAR	T I I I I I I	R 24 HRS.	8	- 1 ¹	9 -	93	S. 405 40.
	215-22-3030	0	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN,		27-10		S. BIRTN	CAROLINA
~	9a. FACILITY NAME (If not in							OR LOCAT		EATH		9c. COU	INTY OF D	EATN
DIRECTOR	FRANCIS SCO		Y MEDICAL	CENTER	}	I	BALT	IMOR	E					
EC	10a. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN O	OR LOCA	TION						10d, INSIDE CITY
등	MD				BA	LTIMO	ORE							LIMITS?
	10a. STREET AND NUMBER		1000				10	f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
E	115 CYPRESS	COUR	Т					2122	1				J.S.A	
FUNERAL	11. MARITAL STATUS	- 0001	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.				NIC ORIO	N? (Specify Yes	or No—	14. RACE	- American Indian,
	1 Never Married 2		FORCES?	MAR OR DATES	ЙO			Decity Cub			Rican, atc.)		Speci	c, White, atc.
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핃	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)		ECEDENT'S	work done			ina	160	. KIND OF BU	BINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (6 5th	0-12)	College (1-4 or 5	+)	b. Do NOT i	retired.)								
Ö	17. FATNER'S NAME (First, M										Middle, Maiden	Sumame)		
BE	WILLIAM G	ILYARD)					I	RENE	EVA	NS			
10 B	19a. INFORMANT'S NAME (7	lype/Print)									nber, City or Tow			
F	IRENE JAME	S			115 C	YPRE	SS C	COURT	/BAL	TIMC	RE, MA	RYLA	ND 2	1222
	20a. METNOD OF DISPOSIT		novel from State	20b. PLACE cemetery, cr				ame of		DAT	20c. LO	CATION —	City or To	wn, Sieta
	4 Donation 5 Other	(Specify)			TUS M			PARK			AF	BUTU	S, M	ARYLAND
	21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE	//				ND ADDRE		CILITY				
	Nex	not	10 K	SAD	120	W	M.C.	MARC	HF.	H./1	101 E.	NOR	TH A	VENUE
	23. PART I. Enter the d ahook, or h	iseasea, Dr eert fallure.	List only one car	use on each lin	e.						diac or reap	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	. INFEC	-DON	DE	1110	7	57	1161	T				Onset end Das
	resulting in death)	7	a. //V/ CC	(OR AS A CONSI	FOLIENCE C	NO.	1							0 701
_		_		4717		. ,.								>24/5
CERTIFICATION	Sequentially list condit if any, leeding to imme		0.	(OR AS A CONSE	-	OF);								
S	cause, Enter UNDERLY	ING	. CVI	4 X3										
E	CAUSE (Disease or Injuthat Initiated events		DUE TO	(OR AS A CONSE	EOUENCE C	OF):								
ER	resulting in death) LAS	' (d											
	PART II. Other significe	ent condition	ne contributing to	death but not	resulting	In the ur	nderivin	O COUSA	given in	Part I.	24a, WAS AN	ALITOPSY	24h	WERE ALITOPSY FINDING
S							,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										_	1 🗆 YES 2	NO		OF DEATH?
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AN	25. WAS CASE REFERRED T	O MEDICAL	T				26 D	LACE OF E	NEATN (C)					
S	EXAMINER?		HOSPITAL:	FDW-to-th-ut	Non	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH		25e, DATE OF		28b, TII	_		JURY AT	ealdence		er (Specify) SCRIBE NOW I	N HIRV OC	CHDED	
		Pending	(Month, E	Day, Year)		JURY	W	YES 2	ON	200. 02	JOHNEL HOW		OUNED	
BY	2 Calabia	Investigation	28e, PLACE O	OF INJURY — At h	ome, ferm.	street, fact				281.101	CATION (Street	and Alumba	e or Rumi S	Poude Alumber
		Could not be determined	building	etc. (Specify)							or Town, State)		or reserv	rone rones,
9	29a. CERTIFIER				- A0 (124)									
COMPLETED	(Check only		ER: On the best of a) and manner as stated.
	296. SIGNAPUNE AND TITLE	OF CERTIFIE	n 110			-		29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
) BE	Stepu	ne	-MD					1	144	34	2	•	8/2	23/93
5	30. NAME AND ADDRESS OF	PERSON WE	10 COMPLETED CAU	SE OF DEATH (IT	EM 27) (%)	30 B	SU	6.	JR	W.	Rab	tine	ore	MD.
	31. DATE FILED (Month, Day, AUG 2 3 199	Year)	32 MEGISTR	AR'S POMEDOM				-	-	• (4.3007			
	AUG 2 3 199	15 9	THE PARTY AND	1										

TO BE COMPLETED BY FUNERAL DIRECTOR

ROBERT ALLE	N FOUL	.KE		AN	DREWS	5	MON		DAY	YEAR	3. TIME OF DEATH
		AGE (In yrs. lest t	historian)	IF UNDER 1		NDER 24 HRS.	108	19 E OF BIRTH	19		7:25P
	M 2 🗆 F	47		MONTHS	DAYS HOU		(Moi	uary 31.	1946	Count	HPLACE (State or Foreign ny) N'Y land
GREATER BALTIMO					TOWN OR LO	CATION OF D			9c. COU	NTY OF D	MORE
ESIDENCE OF DECEDENT	THE TI.C.			10	owson				DA	ידדו	TORE
e. STATE 10b. COUNTY			10c. CITY,	TOWN OF	R LOCATION						10d. INSIDE CITY
Maryland Balt	imore		V	White	e Mars	h				100	LIMITS?
e. STREET AND NUMBER					10f. ZIP	CODE	_	_	10g. CIT	IZEN OF	WHAT COUNTRY?
9708 Gaylord Str	eet				2	1162			U	I.S.A	
. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	2. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR (YES 2 XNO	ED	lf.	WAS DECENDE yes, specify (Cuban, Mexic	an, Puerto	IN? (Specify Ye Rican, etc.)	e or No-	14. RACI Black Spec	E — American Indian, k, Whita, atc. Hy: White
15. DECEDENT'S EDUCAT (Specify only highest grade coi	TION	16a. DECE	EDENT'S U	SUAL OC	CUPATION		16	b. KIND OF BL	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	lo NOT use	retired.)	uring most of v	vorking					
12 yr's		Er	ngine	eer	_			Self e	mploy	'ed	
FATHER'S NAME (First, Middle, Last)				1000	18, 1			Middle, Malder	Sumame)		
John		Andre	ews			El	izab	eth			White
a. INFORMANT'S NAME (Type/Print)	(EYET)					mber or Rural	Route Nur	nber, City or Tox	vn, State, Zij	Code)	
Mrs. Rose Marie An	drews		Same	as #	#10	1					
a. METHOD OF DISPOSITION Burial 2 Cremation 3 Ramova Donation 6 Other (Specify)	I from State	20b. PLACE AN cemetery, creme	atons or oth	ne planni	ey Val	ley	8/23	75 20c. LO	imoni		
SIGNATURE OF FUNERAL SERVICE LICEN	boch .	Hartsock	,Jr.		IAME AND AD						yland 212
shock, or heart failure. Lis AMEDIATE CAUSE (Final	mplications that can at only one cause of	sused the deat on each line.	th. Do no	ot enter t	the mode of	J. KL	ch ea ca	rdlec or reap	olretory an	rest,	
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shock, or heart failure. Lie IMEDIATE CAUSE (Finel sease or condition suiting in death) a b any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificant conditions of WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU Outpetlant 3	ENCE OF:	ot enter t	derlying cou	se given in DF DEATH (C)	Part I.	24a. WAS AT PERFO	N AUTOPSY RMED? 2 □ NO	24b	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Do Do Do ATT
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MMEDIATE CAUSE (Finel Isease or condition esuiting in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events esuiting in death) LAST ART II. Other aignificant conditions of the conditions	DUE TO (OR DUE TO (OR	AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU BIT DIT TO THE T	ENCE OF)	other t	derlying ceu 26. PLACE C Ing Home 5 28c. SNJURY A WORK? 1 YES BY, office DRIVE	Se given in DF DEATH (C) Residence T 2 [X] NO	Part I. Back only of the Canal Cana	24a. WAS AI PERFO VES One) Nor (Specify) ESCRIBE HOW CORC Y(CATION (Street y or Town, State A L T I M(N AUTOPSY RMED? 2 NO ENJURY OC CLE / 2 and Number DRE	24b 24b AUREN GUN TO Rural I COUN ted.	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST ART II. Other aignificant conditions of the	DUE TO (OR DUE TO	AS A CONSEOU AS	ENCE OF:	the und	derlying ceu 26. PLACE (ing Home 5 29c. NJURY a WORK? 1 YES ary, office DRIVE	Se given in DF DEATH (C) Residence T 2 [X] NO	Part I. 6 Oth 28d. Di MO 1 28f. Lo Ch B 2 w to the co	24a. WAS AI PERFO VES One) Nor (Specify) ESCRIBE HOW CORC Y(CATION (Street y or Town, State A L T I M(N AUTOPSY RMED? 2 □ NO INJURY OC LE / 4 and Number DRE inner as ata and dua to ti 29d. DAT	24b 24b AURED (IMPA r or Rural II COUN ted.	Approximate Interval Betw Onset and Donest a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the After Hours after death. Page 6 may be retained by the law requires that the death can be signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 2 3 1993

BALTIMORE, MARYLAND 21203-3146

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urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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Mental	any injury, or other traumatic event, i
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH		3. TIME OF DEATH
ľ	Mary Elizabeth	Buscher			August 21	1993	9:55 A.MM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	578-44-0620	1 M 2 VF	78 YRS. M	ONTHS DAYS HOURS MIN.	(Month, Day, Year)	Coun	**
I	9a. FACILITY NAME (If not institution, give			Db. CITY, TOWN OR LOCATION OF D	08/14/15	9c. COUNTY OF	SACHUSFTTES
œ	are and a same and a second	Carlo South Carlo			LAIN .	HOWAR	
2	5433-3 Old Tuck	KER KOW		Columbia, Md.		HOWAK	
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
E	MARYALND HO	DWARD		COLUMBIA			LIMITS?
7	10e. STREET AND NUMBER			10f. ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?
FUNERAL	5433-3 OLD TUCK	CER ROW		TOTAL PROPERTY.	55 01044		
빌	11. MARITAL STATUS				21044	u.s	
교	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	an, Puerto Rican, atc.)	or No— 14. RAC Bis	CE — American Indian, ok, White, atc.
BY	3. Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TES 2 NO Speci	ty:	Spe	WHITE
	15. DECEDENT'S ED	NOATION .	16a. DECEDENT'S U	1 COCUPATION 1	Tana Kinin on Dire		WIIIIL
11	(Specify only highest grad	de completed)	(Give kind of wo	rk done during most of working retired.)	188. KIND OF BU	SINESS/INDUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	111904 1 1011 102		UTIL	TII - T - T - T	
M		4	NURSE	R.N.		TH FIEL	ν_{-}
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- Charles	CTIDE		AME (First, Middle, Malden	Surname)	
BE		HOLEN .	GILDE	PINAN	FITZGERALD		
2	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural			
	DAVID J. BUSCHER		5673	CHAMBLIS DR. C	LARKSVILLE	. MD. 0	21029
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	movel from State	b. PLACE OF DISPOSIT	TION (Name of cometery, crematory or	20c. LO	CATION - City or	Town, State
	4 Donation 5 Other (Specify)	C(OLUMBIA ME	MORIAL PARK 8/	24/93 CL	ARKSVILL	E. MARYLAND
	21. SIGNATURE OF FUNERAL BERVICE	TICENSES -	.0	22. NAME AND ADDRESS OF F	ACILITY	WITTOUT T	UNEDAL HOUSE
	· Kunge	an)	10	1630 EDMONDS	USSELL C. I	VIIZKE F	UNERAL HUMES
		0	4				
	23. PART i. Enter the diseases, or shock, or heart fallure	e. List only one cause on a		t enter the mode of dying, au	en aa cardiac or reap	iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	10.1					Onset and Death
	disease or condition resulting in desth)	. TONE O	ANCER				
		DUE TO (OR AS	A CONSEQUENCE OF)				
z		ь.					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)			_	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
E	thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF)				
E	resulting in death) LAST	d					
	PART II. Other algnificant conditi	ene contribution to doubt	had not married to	M	Seed Law years		AL WEIGHT ALTERNATION TO THE PARTY OF THE PA
X	PART II. Other aignificant conditi	TOO	but not resulting in	the underlying cause given in	Part i. 24e. WAS AP		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8		_010			1 _ YES :	2 NO	COMPLETION OF CAUSE OF DEATH?
밀							1 TYES 2 NO
÷							
₹ I	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER: Nursing Home 5 Residence	8 🗆 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 8 Pending	(Month, Day, Year)	INJU	M 1 YES 2 NO			
BY	2 Accident Investigation	28s. PLACE OF INJUR	RY — At home, farm, at		28f. LOCATION (Street	and Number or Ruri	al Route Number
品	3 Suicide 8 Could not b	building, etc. (Sp.	ectfy)	,	City or Town, State		
ᆸ							
COMPLETED	CONSTRUCTION OF THE STATE OF TH			at the time, data and place, and do			
O	one) 2 MEDICAL EXAM	NER: On the basis of examinati	ion and/or investigation	, in my opinion, death occured at th	e time, data and place, a	nd due to the cause	e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTA	IER A		29c. LICENSE N	JMBER	29d. DATE SIGN	ED (Month, Day, Year)
BE	Marshall	desime.	D.	M H3	7211	Doll	13
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)	,		4.0
	MARIAHOU	FREEDWAR	2 KIN	e N. DRive	COLUMBIA	IMO J	7105/5
200	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		AF 7		-	- 10
2	AUG 2 3 1993	Julia Naida	Bank .				
		7	- 11				

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blh 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL REPORTS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law recommended the continence of the control of the
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Joshua		Brown			2. DATE OF DEAT MONTH	DAY	YEAR	2.2.3.2
4. SOCIAL SECURITY NUMBER 213-02-2920			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI		BALTI	E (State or Foreign MORE.
Se. FACILITY NAME (If not institution, give	7- 7		Db. CITY, TOWN C	R LOCATION OF D			NTY OF DEATH	,,,,,,
2315 E. Madis	on Street		Baltim	ore				
MARYLAND 106. COUNT			TOWN OR LOCAT	ON			10d.	INSIDE CITY LIMITS? YES 2 NO
2315 E. MADIS	ON STREET		101	21205		UN I	TED S	TATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spi		NIC ORIGIN? (Specifier, Puerto Ricen, etc.);			merican Indian, ite, atc. LACK
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use i STUDEN	rk done during mo retired.)	N It of working	16b. KIND O	BUSINESS/IND	PUSTRY	
17. FATHER'S NAME (First, Middle, Last) RONNIE LEE BR	ROWN			PATR	CIA GR	EGÜRY		
190. INFORMANT'S NAME (Type/Print) PATRICIA GREC	GORY	196. MAILING AT 2315	E. MA	OISON	T. BAL	TIMORE	,MD 2	1205
20e. METHOD OF DISPOSITION 1		Ob. PLACE AND DATE OF			OEN8/24	BALTI	MORE,	MD MD
21. SIGNATURE OF FUNERAL DESIVICE LI	CENSEE	Jours	WM .	C. MAR	CH FH.	1101 E	. NOR	TH AVE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	0					
PART II. Other algnificant condition	na contributing to death	but not resulting in	the undariying	cause given in		S AN AUTOPSY		E AUTOPSY FINDIN
-						S 2 NO	OF E	PLETION OF CAUSE PEATH? PYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)	eck only one) 6 Other (Specify			
27. MANNER OF DEATH 1	28e. DATE OF INJUR Affonth, Day, Jean 1 0 1 10 1 28e. PLACE OF INJU building, etc. (S)	28b. TIME (NJUE FOUL) POUL 222 RY – At home, farm, streecify)	OF 28c. INJ	IRY AT	Subjec 281. LOCATION (S City or Town,	ow INJURY OCCUPATION TO THE AND AUTOMOTION TO THE AND AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOMOTION TO THE AUTOM	ged se	
nnol	SICIAN: To the best of my kno					f manner as stat	ed.	Street
296. SIGNATURE AND TITLE OF CERTIFIE	J. Chute			O.C.J	MBER M.E.	29d. DATI	E SIGNED (Mon	th, Day, Year)
Dennis Chut The Dennis Chut AUG 2 3 1993		1 Penn S		Balti	more. M	<u>arylar</u>	nd 21	1201

DHMH-16 Rev 1/89

8-510 TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

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1 - STATE REGISTRAR		RYLAND / DEPAI CERTIF	RIMENT OF ICATE OF		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) PHILIP	ANDRE		CASTER		2. DATE OF DEATH	AY4 954	3. TIME OF DEATH 2:20 P
4. SOCIAL SECURITY NUMBER 219-80-8846 6e. FACILITY NAME (If not institution, give	13(3K)M 2 F	. AGE (In yrs. lest birthday) 32. YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-14-196	l ins	ATHPLACE (State or Foreign unity) 1 Tyland
SINAI HOSPITA				OR LOCATION OF D	DEATH	9c, COUNTY O	F DEATH
MARYLAND 106. COUNT	TY	10c, Cl	BALTI	MORE			10d. INSIDE CITY LIMITS? 1 Kayes 2 \(\text{NO} \) NO
100. STREET AND NUMBER 5211 LINDEN HEIG	HTS AVENUE		10	2121	5	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	n or No — 14. R. B	ACE — American Indian, lack, White, etc. pecify: LACK
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of Me. Do NOT u UNEMP)		ION ost of working	16b, KIND OF BU	SINESS/INDUSTRY	23
17. FATHER'S NAME (First, Middle, Last) PHILIP	CASTE			MARY		STER	
19a. INFORMANT'S NAME (Type/Print) MARY CAS	TER				VENUE, BALT		
20a. METHOD OF DISPOSITION 1	movel from State	20b. PLACE AND DATE cemetery, cremetory or WESTERN S	OF DISPOSITION /	iame of	DATE 20c. LO	CATION — City or	
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE O	m	JOSE	PH H. BR	OWN JR. FUI	NERAL HO	OME, P.A. 4433 1223; P.O.BOX
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	GUNSHO	F AS A CONSEQUENCE OF	F):	MEN			Interval Betwee
cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	c	R AS A CONSEQUENCE O	P):				
PART II. Other significant condition	ons contributing to de	eath but not resulting	in the underlying	ng cause given in	Pert I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (C	heck only one)		
1 X YES 2 □ NO		R/Outpatient 3 DOA	OTHER: 4 - Nursing Ho	ne 5 🗆 Residence	5 Other (Specify)		1.1-9-11
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day, 08/14)	/93 131	5 M 1 🗆	JURY AT ORK? YES 2/12/NO	SUBJECT	SHOT	
3 Suicide 6 Could not be 4 Momicide datermined	building, etc	NJURY — At home, ferm, c. (Specify) TREET	street, factory, offi	Ce .	281. LOCATION (Street City or Fown, State) 4900 BLF		nt Route Number, ORE AVENUE
		y knowledge, death occur nination and/or investigati					e(a) and manner as stated.
296. SHIGHATURE AND TITLE OF CERTIFIE	elfull			O. C. M		29d. DATE SIGN	IED (Month, Day, Year)
MARGARITA A.K	ORELL, MD			et, Bal	timore, N	Marylar	nd 21201
AUG 23 199	93 Filia L	signature avidson-Randa	82				551

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

93 24462	9	3	2	4	4	6	2
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1 DEC	EGISTRAR EDENT'S NAME (First, Middle	o Locali		CERTIFI	CATE	JF DEA	П	REG. NO),		
	Warren	o, Carry	Hauser		Col	ourn		1 НТИРМ	2 6	XEAR	TIME OF DEATH
4. SOC	AL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH			ACE (Stelle or Forek
212	2-22-3532	1 M 2				YS HOURS	MIN.	(Month Dev Year)	928	Country)	/land
9a. FAC	ILITY NAME (If not Institution	n, give street and num			9b. CITY, TO	WN OR LOCAT	ION OF DEA			Y OF DEAT	
	ancis Scot					altimon			120		City
	DENCE OF DECEDE			7				- 1	1		
	land 106.	county Baltimor	e		Roseda						d. INSIDE CITY LIMITS?
	REET AND NUMBER					101. ZIP COE	NE .		T40- 01717		T COUNTRY?
81	.00 Duval Av	æ.				212				U.S.A	
100. ST 8]	HTAL STATUS	12. WAS DE	CEDENT EYER IN	U.S. ARMED	13. WAS	DECENDENT	OF HISPANI	C ORIGIN? (Specify Ye		4. RACE —	American Indian.
1 1 14	ever Married 2 Marrie	FORCE:	S? TYES	2 NO	If ye		an, Mexican	, Puerto Rican, etc.)	3.4	Black, W Specify:	Thite, etc.
	Idowed 4 Divorced		Korea V			A					white
		r's EDUCATION at grade completed)		16a. DECEDENT'S I	ork done durin	PATION og most of work	ing	16b. KIND OF BU	ISINESS/INDU	STRY	
Election 17. FATT	nentary/Secondary (0-12)	College (1-		ille. Do NOT use							
S EAT	12 IER'S NAME (First, Middle, L	4		Air	Force	To see					
	John T. Col					18. MO1		ne (First, Middle, Meider Ma Hauser	Surneme)		
19e, INI	DRMANT'S NAME (Type/Pri		-	19h MAII INC	ADDRESS (S	reat and Number		oute Number, City or Tox	un State 7th C	Corde)	
0	ena Coburn							edale, M)			
20e, MI	THOD OF DISPOSITION		20h 5	PLACE AND DATEO			11(10)		OCATION — CI		State
	oriel 2 Cremation 3 onetion 5 Other (Speci		tate ceme	SQLFISO	her place	es+	W.		Baltin		
CAUS that is	entially list conditions, leading to immediate. Enter UNDERLYING E (Disease or injury litiated eventa ng in deeth) LAST	S	DUE TO (OR AS A C	CONSEQUENCE OF):						\$0 yr
	ii. Other aignificant co	nditions contribut	ting to death bu	t not regulting is	n the under	dulna ceuse	aluen In E	Part I. 24a. WAS AI	LAUTOREY	245 988	ERE AUTOPSY FINE
EDICAL —	HIN	- Official	any to death ou	t not resulting it	i the blide	lying cease	given in r	PERFO	RMED?	AM	AILABLE PRIOR TO IMPLETION DF CAI
	toberca	10 use						1 TYES	2 NO	OF	DEATH?
<u> </u>	10000	0000					_	_		1	YES 2 % NO
25. WAS	CASE REFERRED TO MED					6. PLACE OF I	DEATH (Chec	ck only one)		1	
and III	MINER?	HOSPITA 1) Inpatie	AL: ont 2 - ER/Outpa	tient 3 DOA	OTHER:	Home 5 🗆 R	lasidence (Other (Specify)			
27. MA!	INER OF DEATH	28e. D	ATE OF INJURY	28b. TIME	OF 28	L INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCU	RED	-7.4-1
1 2	Natural 5 Pendir Accident Investi	19	,,,,,,,		**	YES 2	□ NO				
3 🗆	Suicide 8 Could	not be	LACE OF INJURY - uliding, atc. (Specif	— At home, ferm, s	treet, factory,	office		28f. LOCATION (Street City or Town, State	and Number of	Rural Rout	e Number,
	Homicide determ	Divini									
29a. CE		PHYSICIAN: To the	beat of my knowle	dge, death occurre	d at the time.	date end plac	e, and due t	to the cause(s) end ma	inner as stated	i	
29a. CE (C/)	2 MEDICAL E	XAMINER: On the be	ele of axamination	end/or investigation	n, in my opini	on, death occu	ared at the t	lme, date end place, a	nd due to the	cause(e) er	nd menner ea staf
206 01/	NATURE AND TITLE OF C	ERTIFIER	14.5			29c. LIC	ENSE NUM	BER	29d. DATE	SIGNED (M	onth Day, Year)
H 270.30	Kerthyll	Thele	(MW			SIAH	7	1172	•	8/27	493
30. NAM	AND ADDRESS OF PERS	ON WHO COMPLETE	ED CAUSE OF DEAT	TH (ITEM 27) (Type,		1000	. 1.0	0			
2 (60	ON WOL	tel	vwer 1	10 8		nore	, VVI	12128	7		
31. DAT	AUG 23	1000 32. RE	OISTRAN'S SIGNA	TURE Son-Randal							
	AUG 23	1993	Mia Davide	son-Andel	2						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physicial	his cours after death. Page 6 may be retained by the hospital or attending physicia
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	it, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

AUG 2 3 1993

1	1. DECEDENT'S NAME (First, Middle, Last)	Carl	0.5					TE OF DEATH	DAY 2)	YEAR,	. TIME OF DEATN
ł	4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yrs. Is	ant hirthrian) III	UNDER t YEAR	IF UNDER 24 HR	2 DAT	E OF BIRTH	di		17.05 P
L	213-03-6331	1 - M 2 10 F	77	7.	HTHS DAYS	HOURS MH	(Mo	nth, Day, Year)	1915	Country)	ryland
	90. FACILITY NAME (If not institution, give a	itreet end number)	Med	Center.	-	TO LOCATION OF			-	YTY OF DEA	XTN
	10a. STATE 10b. COUNTY Balt	imore		100	own or Loca dalk	TION			H		Od. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 1815 Snyder Av	enue			10	21222	1			ZEN OF WH	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. A I YES 2 MAR OR DATES	RMED	If yes, sp	CENDENT OF NIS	PANIC ORIG			14. RACE -	- American Indian, White, etc.
ŀ	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8	+)	ECEDENT'S US Give kind of work to. Do NOT use re	done during motired.)	ON ost of working	10	6b. KINO OF B	USINESS/IND	USTRY	
ŀ	17. FATNER'S NAME (First, Middle, Last)		1110	docwi		18. MOTHER'S	NAME (First	t, Middle, Maide	n Sumama)		
	Frederick Oani	el Bush						Oliv		hipl	ev
I	19a. INFORMANT'S NAME (Type/Print) Joseph J. Cart	er Jr				end Number or Au	ral Route Nu	imber, City or To	own, State, Zip	Code)	
ŀ	20 METNOD OF DISPOSITION Burlel 2 Cremetton 3 Rem			ANDDATEOF					OCATION -		
I	Burlel 2 Cremetton 3 Rem 4 Donatton 6 Other (Specify)	oval from State	cemetery, cr	rematory or other	place)		1				, 5.5.0
			- I Uai u	lens o	f Fai	th	8/	24I b	dalti	more	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Cons	rell	y	Conn	elly F	uner uner	al Ho	. Du	f Du	
	23. PART I. Enter the diseases, or a shock, or heart failure.	Considerations the	elle	4-	Conn	elly F	uner uner	al Ho	me o	f Du	Approximate interval Between
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Considerations the	elle	4-	Conn	elly F	uner uner	al Ho	me o	f Du	Approximate interval Between
	23. PART I. Enter the diseases, or shock, or hast failure.	complications the List only one can	elle	onth. Do not	Conn	elly F	uner uner	al Ho	me o	f Du	Approximate interval Between
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications the List only one can	of caused the suse on each to	epth. Do not	Conn	elly F	uner uner	al Ho	me o	f Du	Approximate interval Between
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	compilications the List only one cst s	ot caused the suse on each in	EQUENCE OF): RILL	22. NAME A CODIN 7 1 1 0 enter the mo	ND ADDRESS OF ELLY FOR Solle	uner uner	al Ho	me o	f Du	Approximate interval Between
	23. PART I. Enter the diseases, or shock, or hast failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	of caused the suse on each to consider the cause of the c	EQUENCE OF): R 1 L L EQUENCE OF):	22. NAME A COMM 7110 enter the mo	ND ADDRESS OF	FACILITY UNER PS Pluch ss ca	eal Ho	ome o	f Dundal	Approximate interval Betwee Onset and Dea
	23. PART I. Enter the diseases, or shock, or hast failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	of caused the suse on each to consider the cause of the c	EQUENCE OF): R 1 L L EQUENCE OF):	22. NAME A COMM 7110 enter the mo	ND ADDRESS OF	FACILITY UNER PS Pluch ss ca	eal Ho	ome o	F Dundal	Approximate interval Betwee Onset and Dea
	23. PART I. Enter the diseases, or shock, or hast failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO	of caused the suse on each to consider the cause of the c	EQUENCE OF): R 1 L L EQUENCE OF): resulting in t	22. NAME A COMMITTED TO THE PROPERTY OF THE PR	ND ADDRESS OF	FACILITY Uner PS Pouch ss ce	24a. WAS A PERFI	ome o	F Dundal	Approximate interval Betwee Onset and Deal Onset an
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO d. HOSPITAL:	of caused the suse on each to consider the cause of the c	EQUENCE OF): EQUENCE OF): Teaulting in the second of the	22. NAME A COMMITTED TO THE PROPERTY OF THE PR	ND ADDRESS OF E 1 1 y F So 1 1 e ode of dying,	in Part I.	24a. WAS A PERF	ome o	F Dundal	Approximate interval Betwee Onset and Deal Onset an
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATN 1 Natural 5 Pending	b. DUE TO d. HOSPITAL:	of caused the buse on each in the cause on each in the cause of the cause on each in the cause of the cause o	EQUENCE OF): EQUENCE OF): Teaulting in the second of the	22. NAME A CODIN 7110 enter the mo T10 the underlyin 26. P THER: Nursing Nor	ND ADDRESS OF DEATH	in Part I.	24a. WAS A PERF	ome o	F Dundal	Approximate interval Betwee Onset and Deal Onset an
	23. PART i. Enter the diseases, or a shock, or hasrt failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATN	b. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, L.) 28e. PLACE (C.)	of caused the buse on each in the cause on each in the cause of the cause on each in the cause of the cause o	EQUENCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF): COUNCE OF):	22. NAME A COND 7110 enter the mo 21. O the underlyin 26. P THER: Nursing Nor F 28C. IW M 1	ND ADDRESS OF BOTH STATE OF DEATH OF THE STATE OF DEATH OF THE STATE O	in Part I. (Check only ce 6 0 0t) 28d. D.	24a. WAS A PERF 1 YES	OME O	F Dundal est, 24b. V	Approximate interval Betwee Onset and Dead Onset an

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN REG. NO			
	1. Decedent's name (First, Middle, Last)	Cur	tis			2. DATE OF DEATH	8 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 27	5. SEX 6. AGE (In yrs. lest birthday) - 9 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	34 N	B. BIRTHPLACE (State or Foreign Country) CAROLINA	
OR	Stella Maris	TOSPICE		POWA	OR LOCATION OF DE	ath	Be COUNT	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND	Y		Y, TOWN OR LOCA L T I MORE				10d. INSIDE CITY LIMITS? VAYES 2 NO	
FUNERAL (100. STREET AND NUMBER 501 GREENMOUNT	AVENUE			r. zip code 21202)		EN OF WHAT COUNTRY? TED STATES	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X X10	If yes, sp		IC ORIGIN? (Specify Year), Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 4 T H	CATION completed) College (1-4 or 5 +)	(Give kind of life. Do NOT us	USUAL OCCUPATE work done during me retired.)	ost of working	16b. KIND OF BU	SINESS/INDU		
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM CURTIS			18, MOTHER'S NAM	R'S NAME (First, Middle, Melden Surname) Y JANE JONES				
5	190. INFORMANT'S NAME (Typos/Print) ELAINE MC PHER	RSON	196. MAILING			ALTIMORE		RYLAND 2121	
	20e. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)		PLACE AND DATE				CATION — CI	ty or Town, State	
	21. SIGNATURE OF FUNERAL DETITION LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. 1201 E. NORTH AVE								
	23. PART i. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HEPATO	ech line.	LLAR			iratory arres	at, Approximate Interval Betwee Onset and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent condition	e contributing to death b	ut not resulting	in the underlyin	g cauee given in i	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etions 2 Dos	OTHER:	LACE OF DEATH (Che	1	400		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I		DICE	
ETED B	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, (street, factory, offic	20	261. LOCATION (Street of City or Town, Stete)	and Number of	Rural Route Number,	
OMPL		CIAN: To the best of my knowl R: On the beels of examination						l. cause(e) end manner ee stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Elevan	dely	D	29c CICENSE NUM	BER 87	29d. DATE	SIGNEO (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)			/	1,1	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		EPARTMENT OF	F HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Curtis			2. DATE OF DEATH MONTH DAY	YEAR 93 7/25
4. SOCIAL SECURITY NUMBER 2/3-14-4/02	5. SEX 6. AGE (In yrs. lest bi	YRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) Poly Palitimane Ci
98. FACILITY NAME (If not institution, give str BON SE COURS RESIDENCE OF DECEDENT	Hospital	96. CITY, TOV	HIMORE	City 1	G, COUNTY OF DEATH
10a. STATE 10b. COUNTY	1	BAHI	4 1	Ly	10d. INSIDE CITY LIMITS? 1 VES 2 NO
	Grove st.		101. ZIP CODE 2/	216	og. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If you	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 NO Specific		No 14. RACE — American Indian, Black, White, etc. Specify: BLAAK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give	DENT'S USUAL OCCUI kind of work done during o NOT use retired.)		16b. KIND OF BUSIN	ESS/INDUSTRY
17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NA	AME (First, Middle, Meiden Su	mame)
	CURTIS 10	28 POPL	AR GROV	Route Number, City or Town, S EST, BALTI	MREMO, 2/2/
20e, METHOD OF DISPOSITION 1 DI Burtal 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	vei from State other place	KISON FO		ETERY OWI	TION — City or Town, State NGS, MILLS MD
21. SIGNATURE OF FUNERAL SÉRVICE LICE	D. BM				-UNERAL HOME,
23. PART I. Enter the diseases, or conshock, or heart feiture. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUI		mode of dying, suc	ch as cardiac or respirat	lory arrest, Approximate Interval Bat Onset and I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):	viam (אנח מנול	
PART II. Other eignificant conditions	contributing to death but not res	ulting in the under	tying cause given in	Pert I. 24a. WAS AN AL PERFORMI 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
25. WAS CASE REFERRED TO MEDICAL		9	6. PLACE OF DEATH (C	back only one)	1 YES 2 ND
EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH	HOSPITAL: 1 Propertient 2 PR/Outpatient 3 PR/	DOA OTHER:	Home 6 - Residence	6 Other (Specify)	
1 Pending 2 Accident 5 Pending Investigation	(Month, Day, Year) 28e. PLACE OF INJURY — At home	INJURY M 1	WORK?	26d. DESCRIBE HOW INJ	Number or Rural Route Number.
3 Suicide 6 Could not be determined	building, etc. (Specify)	s, name, accory,	onice	City or Town, State)	Number of Hural House Number,
Torrook only	NAM: To the best of my knowledge, death The the basis of examination and/or inv				
296. SIGNATURE AND TITLE OF CERTIFIER	19		29c, LICENSE NU	MBER :	Pod. DATE SIGNED (Month, Day, Year)
	BUSTICE		mp M	Bmn C	O CINITA
AUG 23 1993	32. REGISTRAR'S SIGNATURE Julia Davidson Ra	ndelle			

Carone B. March

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	보 보	부	M De	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
			_	-

						7	3 24466	
	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR	RTMENT OF HEALTH AND	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE OF BEATT	2 DATE OF DEA		3. TIME OF DEATH	
	Baby	Girl Da	na Rosemar	ie Cox	MONTH		93 05140 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	18.4 AL D. 14	н	8. BIRTHPLACE (State or Foreign	
	none	1 - M 2 - F	YRS.	MONTHS DAYS HOURS MIN.	July 12		Md .	
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN OR LOCATION OF	DEATH		TY OF DEATH	
CTOR	Union Memorial H							
DIRECTOR	Md. 106. COUNTY	altimore		y, town or location altimroe			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	9 K. Spindrift C	ircle		101, ZIP CODE 21234		10g. CITIZ	EN OF WHAT COUNTRY?	
5		12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specia	y Yaa or No—	14. RACE — American Indian, Black, Whita, atc.	
₽	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 []	OR DATES	If yes, specify Cuban, Maxi		2.)	Specify: Black	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(Give kind of	USUAL OCCUPATION work done during most of working	16b. KIND O	F BUSINESS/INDL	ISTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	none	se retired.)				
ш	17. FATHER'S NAME (First, Middle, Last) Junior D. Cox			18. MOTHER'S I	rame (First, Middle, M. reen R. W	iltshire	9	
6	19a. INFORMANT'S NAME (Type/Print)	- ' 	19b. MAILING	ADDRESS (Street and Number or Run	al Route Number, City of	r Town, State, Zip (Code)	
F	Junior D. Cox		9 K.	Spindrift Circl	le Baltim	roe, Md.	. 21234	
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remov	ral from State	20h PLACE AND DATE	OF DISPOSITION /Name of	DATE 20	LOCATION O	Maria Varia Anna	
	1 No Burial 2 Cremation 3 Removal from State Cometery, crematory or other place Dulaney Valley Mem. 8/23/93 Timonium, Md.							
		reenard	J. Ruck	<pre>Inc.</pre>				
	James J. Gladden %305 Harford Road 21214							
	23. PART I. Enter the diseeses, or co shock, or heert fallure. Li	mplications that co	oused the death. Do	not enter the mode of dying, su	ich es cerdiec or i	respiratory erre		
	IMMEDIATE CAUSE (Final	Interval Between Onset and Death						
		_						
		PROBABO	E Bower	ISCHEMIA				
	disease or condition resulting in death) e.	0	E BOWEZ	•			3400 to	
NO	disease or condition resulting in death) e. Sequentielly list conditions,	0		•				
ATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	POSSIBILITION OF	E SEPS	/ <u>S</u>			3400 to	
FICATION	Sequentielly list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	POSSIBILITION OF	E SEPS	•			3400 to	
ERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	POSSIBILITION OF	E SEPS	/ <u>S</u>			3400 to	
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	POSSIBI DUE TO (OR URINA) DUE TO (OR	AS A CONSEQUENCE O	15 n: INFECTION n:			3400 to	
_	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent conditions	POSSIBI DUE TO (OR URINA) DUE TO (OR	AS A CONSEQUENCE O	15 n: INFECTION n:	n Pert I. 24a. WA	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINOINGS	
_	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	POSSIBI DUE TO (OR URINA) DUE TO (OR	AS A CONSEQUENCE O	15 n: INFECTION n:	n Pert I. 24a. WA		JUK 1 WK 24b. WERE AUTOPSY FINOINGS	
MEDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent conditions	POSSIBI DUE TO (OR URINA) DUE TO (OR	AS A CONSEQUENCE O	15 n: INFECTION n:	n Pert I. 24a. WA	RFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent conditions PREMATURITY	POSSIBI DUE TO (OR URINA) DUE TO (OR	AS A CONSEQUENCE O	In the underlying ceuse given i	1 PE	RFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	Sequentieily list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent conditions PLEMATURITY 25. WAS CASE REFERRED TO MEDICAL EXAMINERTY	POSSIBLE DUE TO (OR URLINA) DUE TO (OR contributing to de	AS A CONSEQUENCE OF TRACT AS A CONSEQUENCE OF TRACT AS A CONSEQUENCE OF TRACT AS A CONSEQUENCE OF TRACT THE SECOND TO THE SECOND TRACT T	In the underlying ceuse given in the	Theck only one)	RFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 24467

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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. DATE OF INJURY 28. TIME OF NURSY 28. Rusidence 6 Other (Specify) 29. DATE OF INJURY 28. TIME OF NURSY 28. Rusidence 6 Other (Specify) 29. DATE OF INJURY 28. TIME OF NURSY 28. Rusidence 6 Other (Specify) 29. CERTIFIER 28. Could not be 28. PLACE OF INJURY 28. Rusidence 6 Other (Specify) 29. CERTIFIER 28. COULD NOT Street end Number or Rural Route Number, City or Town, State) 29. CERTIFIER 29. CERTIFIER		PART II. Other significant conditions of	untributing to deeth but not re	sulting in the under	ying ceuse given in	Part I. 24s. WAS A			5	
Societion Street and Number or Rural Route Number, State	임	alual fil	rellation					COMPLETION OF CAUSE		
Societion Street and Number or Rural Route Number, State	ME									
Societion Street and Number or Rural Route Number, State	ÿ.									
Accident investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) 8/1 7/9 3 10 AVE FILED/Month, Day, Ward 13 SEGISTRAN'S SIGNATURE 14 SEGISTRAN'S SIGNATURE 14 SEGISTRAN'S SIGNATURE 15 SEGISTRAN'S S	2	EXAMINER?		OTHER:	. PLACE OF DEATH (Ch	eck only one)			7	
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29 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 3. Suicide 6 Could not be building, etc. (Specify) 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Box, Year) 29d. DATE SIGNED (Month, Box, Year) 31. DATE FILED/Month, Day, March. 31. DATE FILED/Month, Day, March. 328. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Box, Year) 8 1 7 9 3		1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	284. DEŞCRIBE HOW	INJURY OCCUR	NEO	1	
4 Homicide determined determined string, set. (Specify) 299. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 291. SIGNATURE AND TITLE OF CERTIFIER 292. LICENSE NUMBER 293. LICENSE NUMBER 294. DATE SIGNED (Month, Pay, Year) 8/17/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDLEW B REISMAN M.D. UNION MEMORIAL HOSP 1 THE		• C • 444	28e. PLACE OF INJURY — At hor			261. LOCATION (Street and Number or Rural Route Number,				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Year) 8/17/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) ANDREW B. REISMAN M.D. UNION MEMORIAL HOSPITALS SIGNATURE 31. DATE FILED/Month, Day, March. 32. REGISTRAD'S SIGNATURE			bullding, etc. (Specify)			City or Town, State)		1	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Year) 8/17/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) ANDREW B. REISMAN M.D. UNION MEMORIAL HOSPITALS SIGNATURE 31. DATE FILED/Month, Day, March. 32. REGISTRAD'S SIGNATURE	MPL	(Check only CERTIFYING PHYSICIAI							٦	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDREW B REISMAN M.D. UNION MEMORIAL HOSPITAL 31. DATE FILED/MONTH Day, Mary 12. SECRETAR'S SIGNATURE		LW LADAL S.	Keisn.	M.D.	29c. LICENSE NUI	MBER	29d. DATE SI	7/19/2		
ANDREW B REISMAN M.D. UNION MEMORIAL HOSPITAL	2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATH (ITEM	127) (Type: Print)			1 6	11+173	4	
III 31, DATE PILED/A6000, (Jay 1980) 1 32 DEGISTRAD'S SIGNATURE	1	1.2. 0 1	V	- 1.77					- 1	
AUG 23 1993 Julia Davidson Randelle	h II	ANDREW B RE	ISMAN MIT	. UNIC	N MEMO	KIAL Ho	SPITH		ŀ	

DNMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HEGISTHAN		_:		CERTIF	ICAI	E UF	DEA	IH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	Joseph	Frank	Del Bu	ono	ž.	1 11		MONTH		20	YEAR 1993	3. TIME OF DEATH
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In y	rs. last birthday)	IF UND	R 1 YEAR	IF UNDER	24 HRS.	7.0477		ecu .		HPLACE (State or Foreign
215-12-597	5	1 💢 M 2 🗌 F	72		MONTHS	DAYS	HOURS	MIN.	Aug.	Day, Year)	1920	Count	Kansas
9a. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATI	ON OF D			9c. COL	INTY OF D	
PENINSULA		NAL MEDIC	AL CE	NTER		SALI	SBUR	Y				WICO	MICO
10a. STATE	10b. COUNTY	1		10c, CIT	ry, town	OR LOCA	TION						10d, INSIDE CITY
Maryland		Baltimore						Tow	vson				LIMITS? 1 TYES 2 X NO
10e. STREET AND NUMBER	714 F	rovidenc	e Roa	d		10	t. ZIP COD	_	21286		-	ited	States
11. MARITAL STATUS		12. WAS DECEDENT		S. ARMED	13	. WAS DEC	CENDENT C	OF HISPA	NIC ORIGIN	(Specify Yes			
1 Never Married 2 X 3 Wildowed 4 Divo		FORCES? 1 IF YES, GIVE W	AR OR DATES	e □no s Army		It yes, sp	ecify Cuba 2 X NO	n, Mexic	an, Puerto R	lcan, etc.)		Blac Spec	E — American Indian, k, White, atc. White
15. DEC (Specify only	EDENT'S EDU	CATION completed)	16	e. DECEDENT'S (Give kind of life. Do NOT u	USUAL (CCUPATI	ON of words		18b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+		Auto De				v	İ				
17. FATHER'S NAME (First, M.	odle, Last)						16. MOTI	NER'S NA	AME (First, M	iddle, Maiden	Sumame)		
Josep		el Buono		·				Car	roline	(No	t Kno	•	
Frances		Buono		19b. MAILING 714	Prov	iden	ice R	or Runal oad	Balt	imore	, Md	Code)	1286
20a. METHOD OF DISPOSITI 1 D Buriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Reme	oval from State		ACE AND DATE				Q / 2F	OATE		cation —	City or To	wn, State Maryland
21. SIGNATURE OF FUNERAL		ENSEE Milto					ND ADDRE					ore,	
1 mil	ton	Kny	eld	night Jr									ord Road
23. PART I. Enter the di	seases, or	omplications that	geused to	death. Do	not ente	r the mo	de of dy	ng, auc	ch es cardi	ac or respi	ratory er	reat.	Approximate
enock, or ne	ert tellure.	List only one caus	on each	line.	0	1			11		, .	,	Interval Between
IMMEDIATE CAUSE (Fin disease or condition	al .		4	7			4 4		11	Lin			Onset and Death
reauiting in death)		OUE TO	OR AS A CO	NSEQUENCE O	F) 6~				11	(
		Co	RI	4.5	en	LC.	9,	Ka	ch				
Sequentielly list conditi if any, leading to immed	ons,		OR AS A CO	NSEQUENCE D	90			1	1	11		-	
cause. Enter UNDERLYI CAUSE (Disease or Inju-			cut	6 7	1/	100	CLV	91	2/ 1/	en	Zwi	20	+
that initiated events		DUE TO	OH AS A CO	NSEQUENCE O	n	\supset				,			
resulting in deeth) LAS			170	100	1	<u> </u>							
PART II. Other significe	nt condition	s contributing to	death but r	not resulting	in the u	nderivin	T COURS C	alven In	Part I	24a. WAS AN	ALITTORCY	Lan	WEDS AUTOORY THOUSAN
						ndenym	a conso 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rait i.	PERFOR		240	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TYES 2	□ NO		OF DEATH?
									— 1				1 _ YE\$ 2 _ NO
25. WAS CASE REFERRED TO	MEDICAL												
EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only one)			
1 YES 2 NO		1 N Inpatient 2 🗆			4 🗆 Nu	rsing Nom		sidence	6 🗆 Other				
1 X Natural 5 🗆 I	Pending nvestigation	28a. OATE OF I (Month, Da		28b. TIM	IE OF JURY M		URY AT PRK? YES 2	NO	28d. DEŞC	RIBE NOW I	JURY OC	CUREO	
3 Civilates	Could not be	28e. PLACE OF	INJURY — I	At home, farm,	street, tac				281. LOCA	TION (Street a	nd Numbe	r or Rural F	Route Number,
4 Nomicide	latarmined		ites (openiny)						City or	Town, State)			
29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of r	ny knowledg	e, death occum	ed at the	time, date	and place.	and dua	to the caus	e(a) and men	ner se ste	ted.	
) and manner as stated.
296. SIGNATURE AND TITLE							29c, LICE						(Month, Day, Year)
(4/	X C						D	20	441		•	81-	20/93
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF OEATN	(ITEM 27) (Type	Print)			CI		<i>C1</i>	-	- 1.	1 1
31. DATE FILED (Mohth, Day,)	bar)	HE TO 1	1. D	RE	(VIII	nay	1.	ocust	Sh.	2	alis	bury Md.
AUG 2 3	1993	Frelia Jain	day 10	and an			1						/



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR D. WZ	STATE OF MA	ARYLAND /	DEPAR ERTIF	RTMEN	IT OF H	EALTH DEAT	AND N		HYGIEN REG. NO.	E	93	24470
	1. DECEDENT'S NAME (First, Middle, Legt)	reg D	auss						2. DATE OF	DEATH	y (YEAR 93	3. TIME OF DEATH 8:00 P M
	218-36-5445	1 M 2 K F	8. AGE (In yrs. Ias	YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, I	BIRTH Day, Year) 18	29	Country	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give st University Ho RESIDENCE OF DECEDENT				9b. CIT	y, town o			ath City	7	9c. COU	NTY OF DE	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT		ore	City	,			10d. INSIDE CITY LIMITS? DEVES 2 NO
FUNERAL	100. STREET AND NUMBER 2314 Riggs Av	renue					ZIP CODE		Ozey		10g. CITI	ZEN OF W	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	YES 2-1	MED NO	13.	If yes, sp	ENDENT O	n, Mexican	C ORIGIN? (Specify Yee an, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 5 th	CATION completed) College (1-4 or 5+)	(G life.	CEDENT'S ive kind of to Do NOT us	work done se retired.;	occupation during mo	N st of workin	g	16b. K	IND OF BUS	SINESS/IND	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)			Isa	DIE	u	18. MOTH	IER'S NAM	NE (First, Mid	dle, Maiden	Sumame)		
H	James Clifto	n Jones	190	MAILING	ADDRES	S (Street e	nd Number	Mary	F.	Davi	S State 7/a	Code	
5	Shirlean Dav	is							Balt				7
	20e. METHOD OF DISPOSITION 1		20b. PLACE A	AND DATE	of DISPO ther place O C	Cen	me of nete:	ry 8	93 193	War	cation –	ton,	N.C.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lectr	OFSP 7	¥281	E B	.L.F	hil M	lips	F/H	1721	- 27	N.M	lonroe ST.
	23. PART I. Enter the diseases, or c shock, pr heart feiture. I IMMEDIATE CAUSE (Final disease or condition recuiting in death)	. A de	AO CO	M	not ente	T the mo	de of dyl	ng, auch	as cerdle	c or respi	ul		Approximete interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (O	PR AS A CONSECUTION AS	DUENCE OF	21 t	my	1/1	nng	'M	45	7		3 months
ਹ	PART II. Other eignificant condition	e contributing to d	eeth but not r	eeulting i	In the u	nderlying	ceuse g	iven in F		PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Chec	ck only one)		_		1 TES 2 NO
HYSI	1 U YES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 I E	JURY	□ DOA	_				Other (S		JURY OCC	CURED	
B	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, at	INJURY — At ho	5.17	M street, fac		RK? ES 2		28f. LOCATI	ON (Street a Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED		CIAN: To the best of m											and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29 Chu	e des	be	24	79		NSE NUME					(Month, Day, Year)

EDISTRAR'S SIGNATURE
FUNA DAVIDON-ASADER

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TO BE COMPLETED BY FUNERAL DIRECTOR

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ter	qp	20.00
R. A	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	Till item 22 is marked at item 22 shaws our injury or other traumotic event the medical avancines much be matified at any
8	afte	96
OIRE	HOURS	term
ME	2	2
E	c	÷

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	u umin	3. TIME OF DEATH
John Davis	John Ja	cob Davis			MONTH DA	-93	0430 AM
4. SOCIAL SECURITY NUMBER 215-03-5878	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 1, 1	910 8. BIRT	Penna.
9a. FACILITY NAME (If not institution, give :	street and number)		b. CITY, TOWN	OR LOCATION OF DE		Bc. COUNTY OF	
Union Memorial	Hospital		Balt	imore Cit	У		
10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCA	ATION			10d. INSIDE CITY
Maryland				nore City			LIMITS?
3900 N. Char	les Street			of. ZIP CODE	1218	United	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D WW	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 X NO Specify		or No— 14, RAC Blac Spec	E, American Indian, kk, White, atc. White
15. DECEDENT'S EDU (Specify only highest grade	JCATION s completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPAT	ION lost of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Truck Dr	etired.)	Ret.			
17. FATHER'S NAME (First, Middle, Lest) Clyde	Davis				ME (First, Middle, Malden :	sumame)	
19a. INFORMANT'S NAME (Type/Print)	DUVIS	19b. MAR ING AD	DRESS (Street		Toute Number, City or Town		
JeannetteL. Da	vis						e, Md. 21218
20a. METHOD OF DISPOSITION 1 🔀 Burisl 2 🗆 Cremation 3 🗆 Ram 4 🗎 Donation 5 🗀 Other (Specify)	novel from State 20t	petery, cremetory or other LONGINE P	plece Co	eme of	DATE 20c, LOC	CATION — City or To	Maryland
21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE Milton	(night .lr	22. NAME A	IND ADDRESS OF FAI	Ral		Md. 21214
> milton !	Kmish	vilgite of	Leona	ard J. Ru	ck, Inc. 5		
23. PART I. Enter the diseases or shock or heart fallure	complications that cause on a	d the deeth. Do not	anter tha m	ode of dying, such	as cardiac or respir	ratory arrest,	Approximata
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Sudden	death					Interval Batween Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF):	wind a	t chomo	theopy		1997
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	YOU I YOU	CONSEQUENCE OF):	2 1/2	MIDM	11		1997
CAUSE (Disease or Injury that initiated events	DUE 10 (OR AS	CONSCIUENCE OF):	- KITU	121011			1072
resulting in death) LAST	. Ynlumo	nia + C	HF				08/11/93
PART II. Other significant condition	ns contributing to death b	out not resulting in t	he underlylr	ng cause given in	Part I. 24a. WAS AN A PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_	-Duo	OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (Che	ork only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Realdence			
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stree			281. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
20. 05777750							
(Check only CERTIFYING PHYS	ICIAN: To the best of my know ER: On the basis of axaminatio						e) end manner ea stated.
296, SIGNATURE AND TITLE OF CENTIFIE 30, NAME AND ADDRESS OF PERSON WITH	15 FULLY A	Mus		29c. LICENSE NUM A	38946-F3	≥08/2	22 (93
UNION men	mud Hor	(ITEM 27) Type, Pri	nt)				
0AUG 2 371993	12. REGISTRAR'S SIGN	ATURE - Pondall					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	Ebron, A	MALL			8 18	93°	850 PM
	4. SOCIAL SECURITY NUMBER	1.6	I MOA	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Count	HPLACE (State or Foreign
1	23 1 305	1 AM 2 DF	YRS.		8/25/16	/	VIC
~	9a. FACILITY NAME (If not institution, give	street and number)	96.	CITY FOWN OR LOCATION OF	DEATH 1 9	c. COUNTY OF	DEATH
СТОВ	HESIDENCE OF DECEDENT	050.		DHIIMON	e Cily		
W/	10s. STATE / 10b. COUNT	ТУ	10c. CITY, TO	WN OR LOCATION	0		10d. INSIDE CITY
DIR	MANULAND		B	AlTimore	,		LIMITS?
	100. STREET AND NUMBER	71	700	101. ZIP CODE	10	g. CITIZEN OF	WHAT COUNTRY?
ER/	47/01 BURD	ar Kd.		2120	8	(11:	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ANIC ORIGIN? (Specify Yes or I	No- 14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yea, specify Cuban, Maxi 1 YES 2 NO Spe		Spel	ck, White, etc.
0 8						15	IACK
ш	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b, KIND OF BUSINE	SS/INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	line. Do NOT use rec	emallali			
COMP	17. FATHER'S NAME (First, Middle, Last)		1101116	MAICEN			
	Cim kn	inht		18. MOTHER'S	NAME (First, Middle, Meiden Surn	in h	
BE	The INFORMANT'S NAME (Type/Print)	19111	105 MAILING ADV	PRESS (Street and Number or Rug	of State State of State of Town of	7/1/	1
5	MerKAN	V.niaht	47/1	Burgaran Par	all regular Namper, City of Town 150	are, zip Code)	md 21208
	20a, METHOD OF DISPOSITION	01/19/11	b. PLACE AND DAZE OF DI	epocition (Notes of	OBJEE 20c. LOCATI	ION - City or T	111111111111111111111111111111111111111
	1 Buriel 2 Cremetion 3 Res		Metery cremator or other		1 1/21/ 13/	27/	Como
	21. SIGNATURE OF FUNERAL SERVICE L		10 (3)	22. NAME AND ADDRESS OF	FACILITY CILLER	n/ 14	ome?
	Vana Chin	Duna	7	Joseph Lif	uss Funci.	1 14	Gotom
-	Justin o	RUGG		2222 WING	WIDHUE, 6	DA110,	711di21216
	23. PART i. Enter the diseases, or shock, or heart failure	. List only one cause on	ed the death. Do not a each line.	inter the mode of dying, a	uch as cardiac or respirate	ory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0 -		A .	1		Onset and Dasth
	resulting in death)	· Lesp	unton	sunt (A		emmed
		OUE TO (ORIAS	A CONSEGUENCE OF):				
O	Sequentially list conditions,	b. DUE TO YOR AS	A CONSEQUENCE OF):	new	money		2-3 dey
AT	if any, leading to immediate cause. Entar UNDERLYING		,				
RTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
H	resulting in death) LAST	d.					
CEI	DART II Osh a lastina a sastini						
DICAL	PART II. Other algnificant condition	ona contributing to death	but not reaulting in the	e underlying cause given	in Part i. 24s. WAS AN AUT PERFORME		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC	Dementies	. 10			1 U YES 2	NO	OF DEATH?
ME	HTN/ASC	VD				1	1 TYES 2 NO
N							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:		26. PLACE OF DEATH (
ΙΥS	1 YES 2 NO	Inpetient 2 ER/Ou		Nursing Home 5 Residence			
	Netural 5 Pending	(Month, Day, Year)	28b. TIME OF	WORK?	28d. DEŞCRIBE HOW INJU	AY OCCUREO	
BY	2 ccident investigation	28a PLACE OF INJUS	Y At home, ferm, stree	TES 2 NO	281. LOCATION (Street and i	Mumber or Guest	Down March
CJ.	3 Suicide a Could not be 4 Homicide determined	building, stc. (Sp	ecify)	,, (44,67), (31,66	City or Town, State)	volidor or Fiorei	rode romon,
E	29a. CERTIFIER				No.		
COMPLET	(Check only			the time, date and place, end d			
00			on and/or investigation, if	my opinion, death occured at t		ia to the ceuse	(a) and menner as stated.
96	296. SIGNATURE AND TITLE OF CERTIFE		110	29c. LICENSE N	UMBER 29	d. DATE SIGNE	(Month, Day, Year)
2	Jul H	ach	MI)			0/1	175
	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin		1 10	,	
1	31. DATE FILED (Month, Day, Year)	22 DECONTRADIC 210	NATURE	10 Hen	usestoff		
0		93 Julia Dav	dson-Randelle		V		
	10	1	- Marian				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4:10

8. BIRTNPLACE (State or Foreign MARYLAND

10d. INSIDE CITY
LIMITS?
1 YES E NO

2. DATE OF DEATH

17,1993

9c. COUNTY OF DEATH HOWARD

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

14. RACE -- American Indian, Block, White, atc. Specify

EL JE APT. A EDENT EVER IN U.S. ARMED 1 YES XXNO VE WAR OR DATES 160. DECEDENT (Give kind of	MONTHS DAYS HOURS IN 9b. CITY, TOWN OR LOCATION ELLICOTT CITY CITY, TOWN OR LOCATION LICOTT CITY 10f. ZIP CODE 2 10 4 3 13. WAS DECENDENT OF N If yes, specify Cuban, II 1 YES 2 X ND	HMS. 7. DATE OF BIRTH (Month, Digy, Year) JUNE 11,1 OF DEATN	96. COUNTY OF HOWAR
IE APT. A 10c. C EL IE APT. A Description of the control of th	9b. CITY, TOWN OR LOCATION ELLICOTT CITY OF ZIP CODE 21043 13. WAS DECENDENT OF N If yes, specify Cuben, II 1 YES 2X XND	OF DEATN V NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	90. COUNTY OF HOWAR
JE APT. A 10c. C EL JE APT. A EDENT EVER IN U.S. ARMED 1 YES XIXNO VE WAR OR DATES 16a. DECEDENT (Give kind: C the. Do NOT the. Do NOT	ELLICOTT CIT ETY, TOWN OR LOCATION LICOTT CITY 10f. ZIP CODE 2 10 4 3 13. WAS DECENDENT OF N If yes, specify Cuban, II 1 YES 2X XND	NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	HOWAR 10g. CITIZEN OF U.S.A 18 OF NO 14. RA Bid
EL JE APT. A EDENT EVER IN U.S. ARMED 1 — YES — XXNO VE WAR OR DATES 16a. DECEDENT (Give kind: De NOT the. Do NOT	13. WAS DECENDENT OF N If yes, specify Cuban, II 1 YES 3X XND	NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	U.S.A 14. RA BIG
DE APT. A EDENT EVER IN U.S. ARMED 1 YES 2 ANO VE WAR OR DATES 168. DECEDENT (Give kind c iffe. Do NOT	13. WAS DECENDENT OF N If yes, specify Cuban, II YES 2 X XND	NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	U.S.A 14. RA BIG
DENT EVER IN U.S. ARMED 1 VES NO VE WAR OR DATES 16a. DECEDENT (Give kind of the Do NOT	2 1 0 4 3 13. WAS DECENDENT OF N If yes, specify Cuban, II 1 YES 2 X ND	NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	U.S.A 14. RA BIG
DENT EVER IN U.S. ARMED 1 VES NO VE WAR OR DATES 16a. DECEDENT (Give kind of the Do NOT	13. WAS DECENDENT OF N If yes, specify Cuban, II 1 YES 2 ND	NISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.)	rs or No 14. RA
VE WAR OR DATES 16a. DECEDENT (Give kind of the Do NOT)	If yes, specify Cuban, II 1 ☐ YES 2X XND T'S USUAL OCCUPATION	Maxican, Puerto Rican, etc.)	
(Give kind of life. Do NOT	'S USUAL OCCUPATION		
or 5+) Iffe. Do NOT	of work done during most of working	16b. KIND OF BU	JSINESS/INDUSTRY
	use retired.)	HOSPI	TAI
SECKE		R'S NAME (First, Middle, Malden	
			Sumamaj
19b. MAILIF	NO ADDRESS (Street and Number or	Rural Route Number, City or Tov	wn, State, Zip Code)
(TER) 7323	3 SWAN POINT WA	Y, COLUMBIA,	MARYLANI
			OCATION — City or
LOUDON PA			LTIMORE,
7/	LEROY M. &	RUSSELL C. U	WITZKE F
3 RC	1630 EDMON1	DSON AVENUE,(CATONSVI
E TO (OR AS A CONSEQUENCE	rain me fast OF: ny Cancus.	4767	
g to death but not resulting	g in the underlying cause give	PERFO	RMED?
		1 YES :	- 400
	26. PLACE DF DEAT	TN (Check only one)	
	OTHER:	lenca 5 Other (Specify)	
2 ER/Outpatient 3 DOA	mananily months a - massic	+ + + Oppoint)	
E DF INJURY 28b. T	TIME OF 26c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURED
E DF INJURY 28b. T	IME OF 26c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE NOW	
E DF INJURY 28b. T	IME OF 26c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE NOW	and Number or Rui
E DF INJURY th, Day, Year) 28b. T CE OF INJURY — At home, farm ding, etc. (Specify)	TIME OF NORK? M 1 YES 2 N N, street, factory, office	28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State and due to the cause(a) and ma	and Number or Rur b)
E DF INJURY th, Day, Year) 28b. T CE OF INJURY — At home, farm ding, etc. (Specify)	TIME OF 26c. INJURY AT WORK? M 1 YES 2 N n, street, factory, office	28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State and due to the cause(a) and ma at the time, data and place, as	and Number or Rura b)
	TER) 7323 20b. PLACE AND DAT LUUD Note of the death. Do cause on each line. TO (OR AS A CONSEDUENCE TO (OR AS A CONSEDUENCE TO (DR AS A CONSEDUENCE	TDEL 19b. MAILINO ADDRESS (Street and Number of 7323 SWAN POINT WAT 20b. PLACE AND DATE OF DISPOSITION (Name of 19th 19th 19th 19th 19th 19th 19th 19th	TOELLE STEVENS 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Toy 7323 SWAN POINT WAY, COLUMBIA, 20b. PLACE AND DATE OF DISPOSITION (Name of PROPERTY STATE) 22c. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. (1630 EDMONDSON AVENUE, (1640 EDMONDSON AVENUE, (1640 EDMONDSON AVENUE, (1640 EDMONDSON AVENUE, (1640 EDMONDSON EDMONDSON ET (1640 EDMONDSON EDMONDSON ET (1640 EDMONDSON E

ity or Town, State, Zip Code) IA. MARYLAND 21045 20c. LOCATION - City or Town, Stata BALTIMORE, MARYLAND C. WITZKE FUNERAL HOMES UE, CATONSVILLE, MD. 21228 or reapiratory arrest, Approximata interval Between **Onset and Death**

> 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

10 months

1 TYES 2 ND

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28t. LOCATION (Street and Number or City or Town, State)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

030573

8-18-93

Sui 424 MO 2000 (Ent Plaza 21044

31. DATE FILED (Month, Day, Year)
AUG 2 3 1993

2

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

ASP

UNK 93-186
ASP ITEMS: 2
FOR 1- STATE

23 PART I, 27, 28a-f, PER MEO

STATE OF MARY

FILM G=/00 11/0/90 C.C) 4	-	-1
LAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE			
CERTIFICATE OF DEATH REG. NO.			

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
Tara	ALLISON	(Gladden		08 17	1993	10:50 A
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	FUNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	I is	BIRTHPI ACE (State or Foreign
220-19-4725 Sa. FACILITY NAME (If not institution,	1 M 2 F	16 YRS.	DAYS HO	OCATION OF DE	(Month, Day, Year, 8/16/7		Country) MARYLAND Y OF DEATH
LITTLE PATU	XANT PARKWA		COLUM		UH	HOWA	
RESIDENCE OF DECEDEN		10e CITY T	OWN OR LOCATION				10d. INSIDE CITY
MARYLND	HOWARD	loc. Citt, i	COLUMBIA			19-15	1 YES 2 NO
100. STREET AND NUMBER 5646 VANTAGE	POINT ROAD		10f. ZIP	21044			S.A.
11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	13. WAS DECEND If yes, specify 1 YES 2	ENT OF HISPANI Cuban, Mexican NO Specify:	C ORIGIN? (Specify , Puarto Rican, atc.)	Yea or No-	Black, White, atc. Specify: WHITE
15. DECEDENT'S		16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF	BUSINESS/INDUS	STRY
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work the. Do NOT use in STUDENT	k done during most of attred.)	working	H I GH	SCHOO	L
17. FATHER'S NAME (First, Middle, Las	GLADDEN			MOTHER'S NAM	E (First, Middle, Maid LOOKIN		
19s. INFORMANT'S NAME (Type/Print)		195 MAILING AC	ODRESS (Street and A				anda).
WILLIAM ERMAT			BRANCH L				21120
20a. METHOD OF DISPOSITION 1XXBuriel 2 Cremation 3 4 Donation 5 Other (Specify)		DE PLACE AND DATE OF E				LOCATION - CR	y or Town, State E, MARYLAND
21. SIGNATURE OF FUTURE SERVICE							FUNERAL HOME
Lusseel	andes	>					LLE, MD. 2122
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions.	cDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	ths underlying ce	iuse given in l	PER	AN AUTOPSY FORMED? 3 2 \(\text{NO} \)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC				OF DEATH (Che	ck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou		THER: Nursing Home 5	☐ Residence	Other (Specify)	WATERV	ЙАУ
	28s. DATE OF INJURY	28b. TIME C	F 28c, INJURY	AT	28d. DESCRIBE HO		
	(Month, Day, Year,			WW	DODANIE O	CTRUCTIO	
27. MANNER OF DEATN 1 Netural strending investige	(Month, Day, Year,	93 UNKNOW	NM 1 TYES	212 10	KORARLE O	R21KUC110	N OF AIRWAY
1 Netural Standing 2 Accident Investige 3 Suicide B Could no	(Month, Dey, Year, FOUND:8-17- 28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stre		2/13/10	28f. LOCATION (Str.	eet and Number or	Bural Boute Number
1 Netural Schending Investiga	(Month, Dey, Year, FOUND:8-17- 28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stre			28f. LOCATION (Str.	eet and Number or	PATUXENT PARKWAY
2 Accident 3 Suicide B Could no determin 29a. CERTIFIER (Check only	(Month, Day, Year, FOUND: 8-17- 28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, stre secily) WATERWAY owledge, death occurred a	et, factory, office	I place, and due	281. LOCATION (SIM City or Town, St HOWARD COU	eet and Number or and ITTLE NTY, MARY	Rural Route Number, PATUXENT PARKWAY LAND
1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EX	(Month, Day, Ver, FOUND: 8-17-28e. PLACE OF INJUING, etc. (S) PHYSICIAN: To the best of my known additional manner.	RY — At home, farm, stre secily) WATERWAY owledge, death occurred a	et, factory, office at the time, data and in my opinion, death	place, and due	281. LOCATION (Str. City or Town, St HOWARD COU to the cause(s) and time, data and place	net and Number or ate) LITTLE NTY, MARY manner as stated	Rural Route Number, PATUXENT PARKWAY LAND
1 Netural 2 Accident 3 Suicide 4 Homicide 8 Could no determin 29a. CERTIFIER (Check only 1 CERTIFYING	(Month, Day, Year, FOUND: 8-17-28e. PLACE OF INJUING, etc. (S). PHYSICIAN: To the best of my knot AMINER: On the basis of examinat	RY — At home, farm, stre- sectly) WATERWAY wiedge, death occurred a lon and/or investigation, in	et, factory, office at the time, data and in my opinion, death	place, and due to occured at the to c. LICENSE NUM C. LICENSE NUM C. M.	281. LOCATION (Str. City or Town, St HOWARD COUL to the cause(a) and time, data and place BER E	manner as stated, and due to the cape.	Rural Route Number, PATUXENT PARKWAY LAND
1 Netural Investiga Invest	(Month, Day, Vez, FOUND: 8-17- 28e. PLACE OF INJUI building, etc. (S) PHYSICIAN: To the best of my known aminet WHO COMPLETED CAUSE OF E	RY — At home, farm, stre- sectly) WATERWAY wiedge, death occurred a lon and/or investigation, in	et, factory, office at the time, data and in my opinion, death	place, and due to occured at the to c. LICENSE NUM C. LICENSE NUM C. M.	281. LOCATION (Str. City or Town, St HOWARD COUL to the cause(a) and time, data and place BER E	manner as stated, and due to the cape.	Rural Route Number, PATUXENT PARKWAY LAND
1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CR	(Month, Day, Year, FOUND: 8-17-28e. PLACE OF INJUING, etc. (S). PHYSICIAN: To the best of my knot AMINER: On the basis of examinat	AY — At home, farm, streecity) WATERWAY WHOSE death occurred to the street occurred to th	et, factory, office at the time, data and in my opinion, death	place, and due to occured at the to c. LICENSE NUM C. LICENSE NUM C. M.	281. LOCATION (Str. City or Town, St HOWARD COUL to the cause(a) and time, data and place BER E	manner as stated, and due to the cape.	Rural Route Number, PATUXENT PARKWAY LAND

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-15 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	DEC NO

REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)	HARTL	211			2. DAT	E OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220015190			F UNDER I YEA		7. DATI (Mor 02	E OF BIRTH oth, Day, Year) 2/02/21	8.	BIRTHPLACE (State or Foreign Country) 1timore, marylan
9e. FACILITY NAME (If not institution, give to the property of	etreet and number)	TAL O	ь. сту, том В Г	N OR LOCATION OF E	DEATH OPC		9c. COUNTY	
10e. STATE 10b. COUNT	Υ		own on Lo					10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 728 South Bethel	Street			101. ZIP CODE 21231	-		10g. CITIZEN US	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D WORLD WAR	2 NO	If yes,	Specify Cuben, Mexic (ES 2 NO Specific No. S	an, Puerto	IN? (Specify Ye Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16s. DECEDENT'S US (Give kind of work	UAL OCCUPA	ATION most of working	16	b. KIND OF BU	SINESS/INDUST	
Elementary/Secondary (0-t2)	College (1-4 or 5+)	Janit	etired.)	Those of Working	S	State c	f Mary	land
17. FATHER'S NAME (First, Middle, Last) Gill Clarance	Hartley			Myrtle	AME (First,	Middle, Meiden Stewa	Surname)	
190. INFORMANT'S NAME (Type/Print) Robin Hartley				et and Number or Aural				
20a, METHOD OF DISPOSITION 1		o. PLACE AND DATE OF D netary, crematory or other arrison FC			8/2		imore,	or Town, State Maryland
21. SGNATURE OF FUNERAL SERVICE LIN	Wall		Davi 401S.	d J. Webe Chester	St.	H. Balto.	, Md.	21231
23. PART i. Enter the disease, proshock, prheart failura. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. Coucino DUE TO (OR AS A	ach iina.				diac or reep	inatory street,	Approximate interval Between Onset and Death
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significent condition Cacary Defice	à	ut not resulting in t	the underly	ring cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. THER:	PLACE OF DEATH (C)	eck only o	ne)		
t YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		Nursing H	ome 5 Residencs			NJURY OCCURE	0
Z Accident Investigation 3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, atred		YES 2 NO	281, LOC	CATION (Street of Town, State)	and Number or R	ural Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occurred a	nt the time, do	ate end place, end due	to the ca	use(e) end mar	ner as stated.	use(e) end manner ee stated.
DATURE AND TITLE OF CENTIFIER	Wed -	Grecial	Rift	290 LICENSE NU	MBER 356		29d. DATE SIG	INED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUSE OF DE	SLOOD PH	way	Bal	to - 0	LED.	212	23/
31. DATE FILED (Mooth, Day, 16er) 1993	32. BEGISTRAR'S SIGN.	ATURE MANGER		,				

. 1

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

be notified at once,

examiner must

medicai

other traumatic event, the

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

any

23

6

.00

28

Item

this certificate has be with the State Dept.

DIRECTOR: After the hours after death v

FUNERAL I

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

HOSPITAL OR ATTENDING PHYSICIAN; The

VEAR

BALTIMORE

93

3. TIME OF DEATN

10:36

10d. INSIDE CITY LIMITS?

1 TYES 2 XXNO

White

21236

Interval Between Onset and Death

8. BIRTHPLACE (State or Foreign

Lebanon, PA

United States

Specify:

14. RACE — American Indian, Black, White, etc.

UNES that the death certificate be executed within amounts are used in the high per retained by the hospital of attending physician.	CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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DIVISION OF VITAL RECORDS, P.O.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MICHAEL ROBERT HUNSICKER . 08 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 42 DAYS HOURS 1 X M 2 | F YRS. 215-58-1655 1-19-1951 Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FRANKLIN SOUARE HOSPITAL ROSSVILLE 10a. STATE Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Perry Hall 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4123 Loch Lomond Drive 21236 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT DF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Merried 2 N Merried 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Evangelical Lutheran Elementary/Secondary (0-12) College (1-4 or 5+) Church of the Good Shepherd Years / Pastor Ministry 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Robert George Hunsicker Rose Marie Feeman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karen K. Hunsicker 4123 Loch Lomond Drive Perry Hall, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State St. Paul's Ev. Luth. Cem. 8/21/93 Aberdeen, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. Doors 7922 Wise Ave. Dundalk, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition . DESIPRAMINE INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 8-18-93 UNKNOWN M 1 YES 2 ND SUBJECT INGESTED DRUGS 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4123 LOCH LOMOND DR., 3 XX Sulcide 8 Could not be determined 4 Nomicide 29e. CERTIFIER

(Chank and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

08/20/93 KING HEODORE M. 111 Penn Street, Baltimore, Maryland 21201

AUG 2 3 1993 32. REGISTRAR'S SIGNATURE whie Devidon-Rondoll

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DHMH-16 Rev 1/89

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PHYSICIAN: The law requires the	this certificate has been signed be with the State Dept. of Health	thed or liber 20 about
NG PHYSICIAN: The law requires the	fler this certificate has been signed beath with the State Deot, of Health	marked or live 20 shows
ENDING PHYSICIAN: The law requires that	R: After this certificate has been signed ber death with the State Dept. of Health	to marked on form 20 observe of
ATTENDING PHYSICIAN: The law requires that	CTOR: After this certificate has been signed by after death with the State Dept. of Health	of the state of th
OR ATTENDING PHYSICIAN: The law requires that	DIRECTOR: After this certificate has been signed be hours after death with the State Deot. of Health	the market or liber 30 short at
ITAL OR ATTENDING PHYSICIAN: The law requires that	3AL DIRECTOR: After this certificate has been signed by 72 hours after death with the State Dept. of Health	14 ibem 90 in machad as flam 90 abun 100
OSPITAL OR ATTENDING PHYSICIAN: The law requires that	INERAL DIRECTOR: After this certificate has been signed to this 72 hours after death with the State Dept. of Health	MT. 14 Hours 20 to monthed on Norm 20 of service and
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	E FUNERAL DIRECTOR: After this certificate has been signed by within 72 hours after death with the State Dept. of Health	DTANT. 14 them 90 to marked or them 90 shorts on
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the income conficate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the present physician and completely filled in by the funeral directs be fleed within 72 hours after death with the State Deot, of Health and remained bride to burial, cremation, or removal.	INCONDENSE; if term 90 is marginal on flown 90 shows fallens on other factors and the marginal

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF		F HEALTH OF DEAT		AL HYGIEN REG. NO.	E	
11	1. DECEDENT'S NAME (First, Middle, Last) HAILEY ARME	5-				2. DAT	E OF DEATH	3 4	3. TIME OF DEATH
		S. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 Y	AR IF UNDER	24 HRS. 7, DAT	E OF BIRTH	0.	BIRTHPLACE (State or Foreign
TOR	DETON SPECIALY FRESIDENCE OF DECEDENT		& HOME		WN OR LOCATIO			9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY			T, TOWN OR I					10d, INSIDE CITY V.IMITS? 1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2864 HARFORD RO	A D			101. ZIP CODE 212				ED STATES
BY	11. MARHTAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 WHO IR OR DATES	If ye	DECENDENT OF A SPECIFIC CUBER YES 2 NO	F HISPANIC ORIG n, Mexican, Puerto Specify:	IN? (Specify Yes Rican, etc.)	or No 14	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EQUICAT (Specify only highest grade co.		16a. DECEDENT'S (Give kind of Ms. Do NOT u JAN I	work done duri se retired.)	PATION ig most of working	7	66. KIND OF BUS	SINESS/INDUS	TRY
BE COI	17. FATHER'S NAME (First, Middle, Last) JUNE HAILEY				MA	TTIE S	IMMON		
10	ALICE BROWN		19b. MAILING 1516	ADDRESS (S	ENWOO	D AVE.	BALTI	n, State, Zip Co	MD 21213
Ti I	26a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)		206. PLACE AND DATE	MORIA	L PAR				TOWN, MD
	23. PART I. inter the diseases, or con-	t.K.	Jones	WM.		ARCH F			NORTHA VE.
CERTIFICATION	shock, or heart failure. List immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Canco Due to (i	OR AS A CONSEQUENCE O	F): /	hagu	<u></u>			Interval Betwee Onset and Deal
SAL	PART II. Other algnificant conditions of	contributing to d	deeth but not reaulting	in the unde	lying ceuse g	iven in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MED		IOSPITAL:	ER/Outpatient 3 DOA	OTHER:		EATH (Check only	,		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF II (Month, Day	NJURY 28b. TIN	E OF 28	INJURY AT WORK?	28d. D	EŞCRIBE HOW II	NJURY OCCUP	REO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, ferm, tc. (Specify)	street, factory,	office		CATION (Street a y or Town, State)	and Number or	Rurel Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIA (Check only one) 2 🗌 MEDICAL EXAMINER:								suse(e) and menner ee stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICE	NSE NUMBER		29d. DATE S	IGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO				MD:	2104	5,		
	31. DATE FILED (Month, Day, Year) AIIG 2. 3.1003	32. REGISTRAR	'S SIGNATURE						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt of Health and Mental Hyghers prior to burial, cremation, or removal.

IMPORTANT: IN Home 28 is marked on Home 23 should any intervent on white transmatic event the market has marked at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO./

						REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					A DATE OF BEATHS		3. TIME OF DEATH
10	Sarah Lilly Har	ris				Appendix 1	7 9	
1 8	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. lest birthday)		T at the second second	D 1	$-\mu$	
	2.6	1	71	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Mgsth, Day, Year)		IRTHPLACE (State or Foreign
	X13-05-8060 1	□ M 2 🗗 🖟	Y C YRS.	Saline Lane	moses and	10-1-1	9/2	N. C.
	9a. FACILITY NAME (If not institution, give street	t and number)		SB. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	DE DEATH
Œ				1000 STORY STORY			ac. coomit i	ar section
9	Union Memorial Hos	spital		Balti	more City	V	1	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Section of the sectio	CONTRACT CONTRACT			
1 22	10a. STATE 10b. COUNTY		10c. Cit	DISONN OR FOOD	FION	1		10d. INSIDE CITY LIMITS?
百	maryland		1	24/11	more			1 TYES 2 HO
	10e. STREET/AND NUMBER	1 -1		Tu	H. ZIP CODE		In CITITION	OF WHAT COUNTRY?
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<u>u</u>	032/ NODE	USITE	19	- 1	2/2/2)	u,	SIT
BY FUNERAL		. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DO	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No- 14.1	RACE American Indian,
1	1 Never Married 2 Married	FORCES? 1 YES		If yes, se	pecify Cuben, Mexico S 2 (#100 Specif	en, Puerto Ricen, etc.)		Black, White, etc.
6	3 Widowed 4 Divorced	ir ies, dive min on e	MICO	31,000	a a fill wo street	Y.	1 3	Black.
۵	15. DECEDENT'S EDUCATI	ION		*******	Carry V		- 1	211700
COMPLETED	(Specify only highest grade corr	npleted)	(Give kind of	WORK done during m		16b. KIND OF BU	SINESS/INDUSTY	IA.
ių.	Elementary/Secondary (0-12)	College (1-4 or 5+)	190. 90 NOT U	ise retired.)	250	1		
. □ ⊑			17001	EWIX	2			
NO.	7. FATHER'S NAME (First, Middle, Last)	oi a 1	7 7 0 0 0	000	18 MOTHERS N	AME (First, Middle, Maider)		
	marries m	- R			1200	the a	THE)
E H	11/17/003 11)	Bride			DEK	1111 4	1/1/16	/
	19A, INFORMANT'S NAME (Type/Print)	11.1	196. MAILING	ADORESS (Street	AND NATIONAL OF PARTY	House Nugetijk: City or Jose	p. State. Zip Cofd	ii i
2	Mir Marcus m	Bride	1383	3. 00%	14 PO	. BA//	265	nd 2021
2	20s. METHOD OF DISPOSITION	100	b_PLACE AND DATE		TI NO	13/1/1/	(n. /	1000000
ŝ	1 Burlai 2 Cremetion 3 Removal	I from State Cel	netery, crematory of	other place)	ame of	20c. LC	CATION - City	or Town, State
	4 Donation 5 Other (Specify)	6	2000	HUN	Cem	165 6	14/10.	(O. 411C.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			2 NAME A	NO ADDRESS OF F	CHY 55 F	UNEr	Al Homes
To a mast ne no	* X annaly	1 Pin	11	1000	Principal	1 41	1	12/11
	1 Osegon	S. Fun		300	2W.N	Or/DAU	BAL	15.4nd21216
	23. PART I. Enter the diffesses, or com	plications that cause	d the deeth. Do	not enter the m	ode of dying, sur	ch as cerdisc or resp	iratory arrest.	Approximate
	shock, of neert lengte. List	t only one ceuse on e	esch line.					Interval Between
	IMMEDIATE CAUSE (Final		279					Onset end Death
	disease or condition resulting in death)	HYPOXIC	FMCEP	HALOPA	147			0740-Am
		DUE TO (OR AS	A CONSEQUENCE O	IF):				1.4
-		FRACTURE	Ac IErs	Humas	1 [10744 Am
O	Sequentially list conditions, b	DUE TO (DR AS	A CONSEQUENCE O	L WOLLE	102 4 1	CHOR		
	If sny, lesding to immediate cause. Enter UNDERLYING	000 10 (011 70)	A GONGEOGENCE O	r j.				
2	CAUSE (Disease or injury							
		DUE TO (OR AS	A CONSEQUENCE O	F):				
	that initiated events							
FF	that initiated events resulting in death) LAST							!
CERTIFICATION	resulting in death) LAST							
		ontributing to death i	but not resulting	in the underlyin	ig ceuse given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	PART II. Other significent conditions of					PERFO	RMED?	AMAILABLE PRIOR TO
	PART II. Other significent conditions of HYPERTENSION Dis				ng ceuse given in	PEDEOL	RMED?	
EDICAL	PART II. Other significent conditions of					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other significent conditions of HYPERTENSION Dis					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions of HYPERTENSION DIA ACCIDENTS			2010 VASC	ULAR	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions of HYPERTENSION DISTRICT ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ARETES MEL	LITUS, CAS	26.P	LACE OF OEATN (C)	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions of HYPERTENSION DIA ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	ARETES MELI	LITUS, CAS	26.P	LACE OF OEATN (C)	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	PART II. Other significent conditions on HYPERTENSION DIA ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13	ARETES MELI	patient 3 DOA	26. P OTHER: 4 Nursing Nor Nursing Nor William Will	PLACE OF OEATN (C)	PERFOI 1 YES ; heck only one) 6 Other (Specify)	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF BEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	PART II. Other significent conditions on HYPERTENSION DIA ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13	ARETES MEL	petient 3 DOA 28b. Till IN.	26. P OTHER: 4 Nursing Nor JURY W M 1	PLACE OF DEATN (C/r me 5 G Residence JURY AT ORK? YES 2 G NO	PERFOI 1 YES ; heck only one) 6 Other (Specify)	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of HYPERTENSION DIA ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation Pending I	OSPITAL: Inputient 2 ER/Out, 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 29b. Till in. Y — At home, larm, city)	26. P OTHER: 4 Nursing Nor ME OF JURY M 1 street, factory, office	PLACE OF OEATN (C) THE 5 Residence UNITY AT ORK? YES 2 NO	PERFOI 1 YES : 1 YES : 1 YES : 2 Other (Specify) 2 Ed. DESCRIBE NOW I 2 Other (Specify) 2 Ed. LOCATION (Street City or Town, State)	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of HYPERTENSION DIA ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PNYSICIAN	OSPITAL: Inputient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. Till IN. Y — At home, larm, crify)	26. P OTHER: 4 Nursing Nor ME OF JURY M 1 street, factory, office	PLACE OF OEATN (C/) me 5 Rasidence UST AT ORK? YES 2 NO	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State) 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or Ru nner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF BEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of HYPERTENSION DIE ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NY 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	OSPITAL: [Inputient 2 = ER/Out, (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. Till IN. Y — At home, larm, crify)	26. P OTHER: 4 Nursing Nor ME OF JURY M 1 street, factory, office	PLACE OF OEATN (C/	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State) 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or Ru nner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Ural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions on HYPERTENSION DIE ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO	OSPITAL: [Inputient 2 = ER/Out, (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 29b. Till IN. Y — At home, larm, city) viedge, death occurr on and/or investigation	26. P OTHER: 4 Nursing Nor E OF JURY M 1 street, factory, office red at the time, date on, in my opinion, or	PLACE OF OEATN (C/	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State) 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or Ru nner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Ural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of HYPERTENSION DIE ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: OF DEATH 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO.	OSPITAL: Input 1 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 29b. Till IN. Y — At home, larm, cify) viedge, death occurr on and/or investigation	26. P OTHER: 4 Nursing Nor AE OF BURY M 1 street, factory, office red at the time, date on, in my opinion, in	PLACE OF OEATN (C/) TIME 5 Residence UURY AT ORK? YES 2 NO ce a and place, and due death occured at the 29c. LICENSE NU	PERFOI PERFOI	NJURY OCCURE and Number or Re nner as stated. and due to the cau 29d. DATE SIG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D wal Route Number, INED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions on HYPERTENSION DATE OF SIGNATURE AND ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Y NO	OSPITAL: Inputient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Till Y — At home, larm, on and/or investigation EATH (ITEM 27) (Type	26. P 26. P OTHER: 4 Nursing Nor BE OF JURY M 1 street, factory, office and at the time, date on, in my opinion, in p. Print)	PLACE OF OEATN (C/) TIME 5 Residence UURY AT ORK? YES 2 NO ce a and place, and due death occured at the 29c. LICENSE NU	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State) 1 YES : 1 Other (Specify) 2 8d. DEŞCRIBE NOW : 2 8d. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or Re nner as stated. and due to the cau 29d. DATE SIG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Ural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of HYPERTENSION DIE ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 13 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: OF DEATH 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO.	OSPITAL: Input 1 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Till Y — At home, larm, on and/or investigation EATH (ITEM 27) (Type	26. P OTHER: 4 Nursing Nor AE OF BURY M 1 street, factory, office red at the time, date on, in my opinion, in	PLACE OF OEATN (C/) TIME 5 Residence UURY AT ORK? YES 2 NO ce a and place, and due death occured at the 29c. LICENSE NU	PERFOI PERFOI	NJURY OCCURE and Number or Re nner as stated. and due to the cau 29d. DATE SIG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D wal Route Number, INEQ (Month, Day, Year)

lins after death, Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

eath. Page 6 may be retained by the hosp	uneral director, page 5 should be detache	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
within	pletely filled in by the 1 cremation, or removal,	rent, the medical ex
certificate be executed	ding physician and com lygiene prior to burial,	other traumatic ev
equires that the death	en signed by the attent of Health and Mental H	hows any injury, or
PHYSICIAN: The law r	this certificate has be n with the State Dept.	arked, or item 23 s
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR; Afte filed within 72 hours after deat	PORTANT: If Item 28 is m
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained by the above to THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	HEARD	/			2. DATE (OF DEATH		EAR 3.	10:50 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE O		9 1	Country)	CE (State or Foreign
Ę	90. FACILITY NAME (If not institution, give str Frederick Healt	th Care Ce		city, town o	R LOCATION OF DE		9.10	9c. COUNTY	OF DEAT	н
חסוסשעות	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			OWN OR LOCAT						d. INSIDE CITY
	MD.		FRE	DERIC	K					LIMITS?
ENAL	100. STREET AND NUMBER T-301 WAVERL	EV DDTVE		101	ZIP CODE				S.A.	COUNTRY?
L LON	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yee, spe	21702 ENDENT OF HISPAN Hocify Cuben, Mexican 2 NO Specify	n, Puerto R		or No — 14	. RACE — Black, W Specify:	American Indian, Thite, etc. BLACK
בובח פ	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	JAL OCCUPATIO done during mo- tired.)	N st of working		KIND OF BUS			
OMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	MAID				OTEL			
0	17. FATHER'S NAME (First, Middle, Last) REAVY WHITEN				18. MOTHER'S NAI		fiddle, Maiden S	Surneme)		
0 0	19e. INFORMANT'S NAME (Type/Print)				EDI' nd Number or Rural F	Poute Numb				21701
	DIANE WHITEN 20a. METHOD OF DISPOSITION 1A Burlet 2 Cremetion 3 Remo	200.	PLACE OF DISPOSITIO		***************************************	1, 1	_	ATION — CH		
	4 Donation 5 Other (Specify)	\rightarrow		CEM.	ID ADDRESS OF FAC	CILITY	FRE	DERI	CK,	MD.
	· Sam	, Kell	<u></u>	GARY	L.ROLL	INS				K 21701
	23. PARVI. Enter the discusses, or canonic process. Immediate CAUSE (Finel disease or condition resulting in daeth)	List only one cause on a			- 75		llac or reapli	etory arrea	nt,	Approximate Interval Batween Onset end Daath
201	Sequentially list conditions, if any, leading to immediate	arte	CONSEQUENCE OF):	ib.						
EHILLAIION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
DICAL C	PART II. Other algorificant condition			he underlyln	g ceuee given in	Part I.	24e. WAS AN PERFOR	MED?	AM CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDI		MOXIO				_			1	YES 2 NO
25	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL:		THER:	ACE DF DEATH (Ch					
i u	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. IN.	URY AT		CRIBE HOW II	JURY OCCU	RED	
2	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree		YES 2 NO	28f. LOC.	ATION (Street a	nd Number o	Rural Rout	te Number,
	4 Homicide determined									
COMPLEIED	(Check only	CIAN: To the best of my know R: On the basic of examination								nd manner as stated.
D L	29b. SIGNATURE AND TITLE OF CENTRE	mer	MD		29c, LICENSE NUI	here			SIGNED (M	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	(ne) Z	deriel	. (1	11	170/		
	31. DATE FILED (Month, Day, Jeer)	32. REGISTRAR'S SIGN	ATURE		w-V					

DALLIMONE, MANILANI	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache on, or removal.	he medical examiner must be notified at once.	
	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAN	ID / DEPAR					ENTAI	HYGIE!		3	24480
	1. DECEDENT'S NAME (First, Middle, Last)	TSOI	LAN	JEUNG					2. DATE MONTH	OF DEATH	YAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 307-70-0385	5. SEX	8. AGE (In y	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		Count	IPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give in the state of the state					LUME	R LOCATIO	OF DEA	TN		9c. COUNT HO	V OF D WAR	
DIRECTOR	10s. STATE 10b. COUNT			10c. CF1	Y, TOWN	LUME							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5559 OAKLAND N	IILLS ROA	D			101	210				10g. CITIZE		WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO		ll yes, sp	ENDENT OF	, Mexican,		7 (Specify Ye Rican, etc.)	a or No 1	Blac Spec	E — American Indian, k, White, atc. ASIAN
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+		Give kind of life. Do NOT u	work done se retired.)	during mo	on st of working	7	16b.	CWN	HOME	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) KWAN QUI WO	NG					18. MOTN		E (First, A	Aiddle, Maider IOWN	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) JOSEPH CHEUNG		ON)	19b. MAILING 5559				or Rural Ro		COLUI	vn, State, Zip C MBIA	ode) MD.	21045
	20g METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			OWN HIL	Ter PICE	METE	RY		8/2		DIANAP		
	> Lunguesen	fle			LE 5.	ROY M	. & RL WIN KN	SSELL WLLS 1	C. 0 ROAD	VITZKE COLLIMB	FUNERAL TA MARYI	HOM	E OF COLUMBIA 21045
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	se on aach	MUMARY DISEQUENCE O				ng, such	ss card	liac or resp	iratory srres	it,	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
A	PART II. Other significant condition	ns contributing to	death but	not resulting	in the ur	derlying	j cause gi	iven in Pr	nrt ĉ.	24a. WAS AP PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Check	k only on	0)			1 YES 2 NO
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			- Y	R: sing Hom	s 5 □ Res	idence 8	☐ Other	(Specify)			
BY PI	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		26b. TIM	URY M		JRY AT RK? ES 2 [8d. DEŞ	CRIBE HOW	INJURY OCCU	RED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY elc. (Specify)	Al home, ferm,	Street, fect	ory, office	,	2	City o	ATION (Street or Town, State	and Number or)	Rural F	Route Number,
COMPLETED		ICIAN: To the best of											e) end menner se stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIE	Deed	min	B			29c. LICE	H37	ER 211		29d. OATE S	IGNED 21	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATN	(ITEM 27) (Type		N	PRIV	e (Coli	WOLP	mo	210	95
3	AUG 2 3 1993	32. REGISTRA	R'S SIGNATU	indall.									



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8.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	E OF	DEATH	REG. NO		
1	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
1	Melvin Jol	nnson					August 1	9, 1993	12:45 P
- 5	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birt	hday) IF UNDE	1 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreig
	215-19-2652	112 M 2 F	7 -	PS. MONTHS	DAYS	HOURS MIN.	(Mgnth, Day, Year)	1205 CO	untry)
1	9a. FACILITY NAME (If not institution, give	etrant and number)	10	05 017	(7701101 0	R LOCATION OF DE	APT-DI	700 //	Mryland
Œ							ATH	9c. COUNTY O	F DEATH/
05/	Maryland Genera	<u>al Hospita</u>	<u>T</u>	Bal	timo	re City	<u> </u>		
입(10g. STATE / 10b. COUNT	Y	10	c. CITY, JOWN	OR LOCATI	ON			10d. INSIDE CITY
DIRE	Man Jaml			Bn	115	- 2			LIMITS?
	10e. STREET AND NUMBER			NHI		2000			1 YES 2 NO
FUNERAL	100. STRIPET AND NOMBER	1 - 1.1			101.	ZIP CODE	/	10g. CITIZEN O	F WHAT COUNTRY?
9	124 WIFE	-AnKII	V D	/ ,	0	1/201		UIS	H,
5	11. MARITAL STATUS	12. WAS DECEDENT I	YES 2 NO		WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Ya	or No- 14. R	ACE - American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES			2 NO Specify	n, Puerto Ricen, etc.)	Si	lack, White, etc.
	3 12 Wildowed 4 Divorced	W	WIL					1/2)/ACK
	15. OECEDENT'S EDU (Specify only highest grade		16a. DECED	ENT'S USUAL O	CCUPATIO	N ,	16b. KIND OF BU	SINESS/INDUSTR	1
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	nd of work done	ouring mos	t or working	01	rs	
<u>I</u>			/	Allo	1		CIE	Anek	5
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1			16 MOTHER'S NAI	ME (First, Middle, Maiden	Anamal	
EC	Beniam	10/	11hn=	000		ma	2.11	000	011
00	19a. INFORMANT SQLAME (Typo Print)		107///3	UVU	0.400	11/1	179		-/4
임	mis (pthen	'halla	6+ 21	718	S (Street air	a Number or Hurai F	Houte Mumber, City or Tow	n, State, Zip Gode)	14/2
	111 SATTIFER	noknig	211 71	000	100	UE.40.	AUE. D	H//11	WAN ALON
- 1	20a. METHOD OF DISPOSITION 1 D Burlei 2 Cremation 3 Rem	lovel from State	completery, cremato	DATE OF DISPOS	SITION (Nan	ne of	070 E 20c. LO	CATION + City of	Town State
	4 Donation 5 Other (Specify)		GATTI	5000	POTE	STValen	1724 0	9/10, C	5. MC1
	21. SUSPATURE OF FUNERAL SERVICE LA	DENSELY ()		27.	NAME AN	ADDRESS OF EA	Myry << FI	ixleri	Al Hom
	MADRIAN	t. 1111	2		22.4	21000	tt 1	O H	(6.10)
\rightarrow	23. PART I. Enter the diseases, or	CIACO			190	DW,NO	MAHUE.	DAIL	,700i21a
NO	disease or condition resulting in death) Sequentially list conditions,	DUE TO (O	ulmonary RASA CONSEQUEN Sive inte	ce of): erstiti		pulmonar	y disease		
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	. Hypert	R AS A CONSEQUEN CONSEQUEN R AS A CONSEQUEN	status	post	cerebro	vascular a	eccident	:
O	BADT II Other stanisticant or adda								
DICAL	PART II. Other significant condition	is contributing to de	aath but not resul	ting in the u	nderlying	cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FIND AVAILABLE PRIOR TO
ă							1 _ YES 2	□Xio	COMPLETION OF CAU OF DEATH?
ME									1 YES 2 NO
0 4									_
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PL/	CE OF DEATH (Che	ick only one)		
SICI	EXAMINER? X 1 Tes 2 X No	HOSPITAL:	R/Outpatient 3 🗆 n	OTHE		5 Decidence	S Other (Specify)		
主	27. MANNER OF DEATH	28a. DATE OF IN	JURY 28	b. TIME OF	28c. fNJU		28d. DESCRIBE HOW I	NJURY OCCURED	
0	1 Natural 5 Pending	(Month, Day,	Year)	INJURY M	WOR		IOW I	GOGGNED	
B	2 Accident Investigation	28a PLACE OF L	NJURY — At home, i	larm street for		- 2 NO	201 40047101110		
	3 Suicide 8 Could not be 4 Homicide determined	building, ato	C. (Specify)	with, aurest, fac	ory, office		281. LOCATION (Street a City or Town, State)	ina Number or Run	Il Floute Number,
10 H									
4	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death o	occurred at the t	lme, date s	nd place, and due	to the cause(a) and mar	ner as stated.	
2	one) 2 MEDICAL EXAMINE								e(s) and manner as state
8	29b. SIGNATURE AND TITLE OF CERTIFIE								
8	MALE STATE	Chan	3			29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)
0	Y 1.00							8-1	9-93
OT.20	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	0.1 77	20011-1			
0			Maryland		al H	pshrtar			
1	AUG 23 199	32. REGISTRAR'S	Sandson-Ray	0.55	_				
3.1	AUG 2 3 199	15 gruhad	ravidson-for	ndebl					
~ 1		1/							

permit. Pages 1, 2, 3 should

use as the burial-transit

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5 should be detached

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BALIM	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	
ž	r de	ne fu	<u>100</u>
_	afte	20	NO.
	SINC	5	F Te
	24 DC	filled	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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31. DATE FILED (Month, Day, Year)
AUG 2 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUGUST 22 1993 MARJORIE KELLY 2:22 Р 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State IF UNDER 24 HRS. or Foreign 1 | M 2 XX 75 YRS. 213-12-6956 9/23/1 MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2829 GUILFORD AVENUE 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri IF YES, GIVE WAR OR DATES 1 TES 2X NO ВУ Specify: Specify 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12+ 5+HOMEMAKER 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDWARD MONAGHAN LILY STEWART notified at 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JOSEPH B. KELLY 2829 GUILFORD AVE, BALTIMORE, MD 21218 Pe 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must GREEN MOUNT CREMATORY 4 Donation 5 Other (Specify) 8/23 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC 1501 E. FORT AVENUE, BALTIMORE, MD 21230 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Deeth Item 23 shows any Injury, or other traumatic event, the disease or condition Multa-organ Laus reaulting in death) DUE TO (OR AS CONSEQUENCE OF) day heer Toxic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) MOSPITAL: OTHER: me 5 Residence 8 C Other (Specify) marked, or 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide be filed within 72 hours after de IMPORTANT: If Item 28 Is COMPLETED 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide determined CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 296 AIGHATHER AND TITLE OF GENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) 8/22

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

600 N. Wolfe Street

Sulia Davidson-Randall

D41259

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 24483

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29d. DATE SIGNED (Month, De NOME) 8 16	Homicide determined						
29d. DATE SIGNED (Month, De COMP. 27) (Type, Print)	290. CERTIFIER 1 CERTIFYING PHYS						
P 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		001	Investigation, In my				
So, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	8 / 4	W. A.	1	75.7.559.7			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH								Ι.	TIME OF DEATH			
	Charles Le				ehr			MONTH DAY YEAR August 16, 1993					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7 DATE OF BIRTH		8. BIRTHPL	ACE (State or Fore		
	212-03-6343	1 € M 2 □ F	83	YRS.	MONTHS DAYS	HOURS	MIN.	SEPT. 19,	1909	MARY	LAND		
nr.	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCAT	ION OF D	EATH	9c. COU	NTY OF DEA	тн		
DT:	Maryland Gen	eral Hosp	ital		Bal:	imor	e Ci	ty					
DIRECTOR					CITY, TOWN OR LOCATION 10d. INSIDE CITY						Dd. INSIDE CITY		
	MARYLAND								VES 2 N				
FUNERAL	100. STREET AND NUMBER 102 MALLOW HILL	ROAD			101, ZIP CODE 10g, CITIZEN OF WH 2129 U.S.A.						AT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	(X))(C)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Curban, Mexicen, Puerto Rican, etc.) 1 ☐ YES ★ NO Specify:					or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
ED	15. DECEDENT'S ED (Specify only highest grad						"S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
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M	1.2 17. FATHER'S NAME (First, Middle, Last)			ENGINE	EK	1716 300 330				LEPHO	NE		
S	GEORGE LEHR					16. MOT		ME (First, Middle, Meiden GARET KR	sumeme) EUDER)			
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stree	t end Numbe		Route Number, City or Tow		•			
임	GEORGE LEHR	(BROTHER)						SMITHFIELD,			23430		
	20a METHOD OF DISPOSITION 1. A Burlai 2 Cremation 3 Res	novel from State	20b. PLA	CEANDDATE	OF DISPOSITION (Name of	0.11			City or Town			
1	4 Denation 5 Other (Specify)		Eoul	ON"PAR	CEMET		- ,				ARYLANI		
	21. SIGNATURE OF TOMBIAN SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITKING USE 1630 EDMONDSON AVENUE DATONSVIL									VILLE	RAL HON		
7	shock, or heart failure. List only one cruss on each line.									Approxima interval Be Onset and			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Urinary	(OR AS A CON	infe	ction	PERMITY	Man						
MEDICAL	PART II. Other algorificant condition Intra-cerebral	na contributing to hemorraha	death but no	ot resulting (in the underlyl	ng cause L hema	given in atoma	Part I. 24a. WAS AN PERFOR	IMED?	Al Ci	ERE AUTOPSY FIN BILABLE PRIOR TO OMPLETION OF CA F DEATH?		
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IXSI	1 TYPES 2 NO	1 or Inpatient 2					sidence	8 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF	1 Year)	28b. TIM	URY W	ORK?	A NO.	28d. DESCRIBE HOW I	NURY OCC	CURED			
D BY	28e PLACE OF IN HIPV. At home from street feature, attended							or Rural Rou	e Number				
EE	4 Homicide determined	building,	etc. (Specify)	Nors	inic bi	me		SUN Town, State)	FR	ANK 1-	N ST		
COMPLE								to the cause(s) end men					
S I	296 SIGNATURE AND TITLE OF CERTIFIE		-				ENSE NUM				onth, Day, Year)		
0 8	Elem	/lon	a	-, F	1D			losp No.	1	Rg/	17/93		
– II	M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Edwin Roman, M.D. c/o Maryland General Hospital												
	Edwin Ro	nair, ii.D.		6/0	nai yian	d Gen	erar	Hospital					
	31. DATE FILED (Month, Day, Year) AUG 2 3 1993		R'S SIGNATUR	E	rial ylall	d Gen	erai	Hospital					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
h certificate be executed w	ending physician and comp Hygiene prior to burial, ci	or other traumatic eve	
law requires that the deatl	has been signed by the atte Dept. of Health and Mental	23 shows any injury,	
ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	1 28 is marked, or item	
TO THE HOSPITAL OR	TO THE FUNERAL DIRI	IMPORTANT: If Item	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAI Certif	RTMEN	T OF H	EALTH	AND N		E -	3 2	4485		
1)	1. OECEDENT'S NAME (First, Middle, Last) ELIANC 4. SOCIAL SECURITY NUMBER 215 03 04 46		nine Fr	rance			24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	AY	993 8. BIRTHP			
TOR	9a. FACILITY NAME (If not institution, give s GOOD SAT RESIDENCE OF DECEDENT		9b. CIT		altim	N OF DEA	ATH	aryland arh					
L DIRECTOR	10a. STATE 10b. COUNTY Maryland 10a. STREET AND NUMBER	10c. CIT	Baltimore City							IOd. INSIDE CITY LIMITS? I X YES 2 NO			
FUNERAL	1555 Up 11. MARITAL STATUS 1 Never Married 2 X Married	S. ARMED	24240					ited States 14. RACE — American Indian, Black, White, aic.					
TED BY	3 Wildowed 4 Divorced 15. OECEDENT'S EDU (Specify only highest grade	IF YES, GIVE WAR OR DATES	. DECEDENT'S	USUAL C	1 TYES	2 X NO	Specify:		SINESS/IND	Specify:			
COMPLET	Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Product	work done during most of working se retired.) tion Ret. 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
H	Warren Her	nderson	19b. MAILING	AODRES	S (Street ar		Marg	garet Adams Route Number, City or Town, State, Zip Code)					
2	Gerard E. Lynch	20h PL		1555 Upshire Road Baltimore, Md. 21218 ATEOFDISPOSITION (Name of OATE 20c. LOCATION — City or Town, State									
	1 M Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from Stata corrector	Lawn	Ceme	etery	8/	24/9 s of FAC	3 B	Baltimore Maryland				
	Multon J.	Kmight	2	l	_eona	rd J	. Ru	ck, Inc.	Baltimore, Md. 21214 Inc. 5305 Harford Road				
	shock, or heart fellura. List only one cause on each line.									Approximats Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PERFORMED? 1 YES 2 NO OF								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER:											
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TiM	4 Nursing Home 5 Residence 6 O ME OF				d. OEŞCRIBE HOW INJURY OCCUREO						
	4 Homicide detarmined City or Town, State)									and Number or Rural Route Number,			
COMPLETED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge R: On the basis of examination and									and manner as stated.		
TO BE	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 8/20/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Year Print)												

32. REGISTRAR'S SIGNATURE
Shie Deviden Randelle

AUG 2 3 1993

Day of Later

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - REGISTRAR	CER	TIFICA	TE OF	DEATH	INIE IVI	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH			
	Josephine R	UBY	Ma	rshall	L	MONT		19, 1	993	4:31am M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8	. AGE (In rs. last bin		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTH	PLACE (State or Foreign			
	212-80-8399 10M2AF	73	YRS. MONT	HB DAYS	HOURS MIN.	11	. Day, Year)	1919	Countr	RGINIA			
	9e. FACILITY NAME (If not institution, give street end number)		9b. (CITY, TOWN (R LOCATION OF D	EATH	90	9c. COU	NTY OF D				
OR	Maryland General Hospital		- 1	Ba1ti	imore Ci	tv							
DIRECTOR	RESIDENCE OF DECEDENT												
<u>E</u>	M A	10	c. CITY, TOV				l	10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		_17	ALT	-				1 YES 2 NO				
RA	0.11471	100 #	. A	101	. ZIP CODE	107		10g. CITI	ZEN OF W	THAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	APT.	1 A	42 117 2 222	212	//_		4	15	A.			
	1 Never Married 2 Merried FORCES? 1	YES 2 NO		II yes, sp	ENDENT OF HISPAN	en, Puerto I	? (Specify Yes Noan, etc.)	or No-	14. RACE Black	- American Indian, White, etc.			
BY	3 Wildowed 4 Divorced	R OR DATES		1 TYES	2 NO Specif	y:			Speci	Y AN V			
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECED	ENT'S USUA	L OCCUPATION	ON	16b.	KIND OF BU	SINESS/IND	USTRY	ACA			
	Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give ki	ind of work di NOT use retin	one during mo ed.)	st of working								
MP		tto	ME	MAI	KER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Sumeme)					
BE	LEE HICKS				CORP	INF	NE GRIEFFAL HICKE						
6	19e. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDE	RESS (Street	nd Number or Rural i	Route Numb	er, City or Tow	n, State, Zip	Code)				
-	CONNIE AVERY												
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND	DATE OF DIS	POSITION (Na	me of	DATI	20c. LO	CATION -	City or To	wn, State			
		WESTE	RN S	TAR CE	METERY		CAT	ONSVILLE MARYLAND					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR, FUNERAL HOME, PA.												
	1913W, BALTIMORE ST. BALTIMORE MD 2/223												
	23. PART i. Enter the diseasea, or complications that of	sused the deeth.	Do not er	iter the mo	de of dying, suc	h ae card	lac or respi	ratory arr	est,	Approximate			
	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition												
- 1	a. Sepsis Due to (or as a consequence of):												
Z	The Dreumonia												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury												
E	that initieted events resulting in desth) LAST	R AS A CONSEQUEN	ICE OF):										
B	d.												
ال	PART II. Other aignificent conditions contributing to de	eath but not recul	Iting in the	underlying	cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS			
DICAL							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ij						_	1 TES 2	* "		OF DEATH?			
ä										1 YES 2 NO			
₹ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	eck only on	»)						
Sic	1 YES 2 NO HOSPITAL:	R/Outpatient 3 🗆 🖸	OA 4		5 - Residence	8 Other	(Specify)						
PHYSICIAN: ME	27. MANNER OF DEATH 28s. DATE OF IN. (Month, Day,		b. TIME OF	28c. INJI	URY AT		CRIBE HOW II	NJURY OCC	URED				
2 Accident Investigation M 1 YES 2 NO													
									or Aural A	r Rural Route Number,			
3 Suicide s Could not be determined suiciding, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner es stated.													
										end menner es atated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM					(Month, Day, Year)			
BE	Josephine greate			[89209		NA NA	290. DATE	JOHEU	mores, pay, reer)			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)		07207	nosp	NW.						
	Josephine Waite, MD		0.1	o Maza	vland Ger	m o m = 1	II c =	d 4 = 1					
n II	31. DATE FILED (Mapple, Day, Year) 32. BEGISTRAR'S AUG 2 3 1993 Aug No.	SIGNATURE	<u> </u>	J Har	A Talla 66.	ne ra l	HOSD	LLal					
./ H													



/										9	3	2448	1
	1 - STATE REGISTRAR	STATE OF I	/ARYLAND /				ALTH AND I	MENTA	REG. NO	-			
	1. DECEDENT'S NAME (First, Middle, Last) LENORA			МC	CRAse) MC	CCRAY	MONT	UST 2	AY 1.0	YEAR 93	3. TIME OF DEA	TH
	4. SOCIAL SECURITY NUMBER 213 30 4291	5. SEX 1 - M 2 X F	6. AGE (In yrs. less		IF UNDER 1	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1, Day, Year) /34	1, 19		5:28 A NPLACE (State or F	oreign
TOR	98. FACILITY NAME (If not institution, give s THE JOHNS HOPKI RESIDENCE OF DECEDENT		TAL				RE CITY	EATH		117.	TIMO	DEATN	
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	1			alt:							10d. INSIDE CIT LIMITS?	
NERAL		Avenue				101.	21218			10g. CIT	US2	WHAT COUNTRY? A	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	MED	1113	yes, spec	NOENT OF HISPAN Hy Cuban, Maxica NO Specifi	in, Puerto I	? (Specify Yes lican, etc.)	or No-	Spec	E — American Indick, White, atc.	
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G)	we kind of w	USUAL OCC ork done du e retired.) OUSE	ring most	of uncking	16b.	KIND OF BU	SINESS/INC		OAMELI	Can
BE CON	17. FATHER'S NAME (First, Middle, Last) Wm Thomas G	ray					18. MOTNER'S NA E	the.	Middle, Maiden Smi	Sugname) th			
5		ope					Number or Rurel F Falls	-					
	20e_METHOD OF DISPOSITION 1		Ring	MODATEO	oria	1		1	20c. LO B		City or To	Md .	
	21. SIGNATURE OF FUNERAL SERVICE LIC	a. T	norto	n			A. Mo Lauren				, M	d.2121	7
	23. PART i. Entar the diseeses, proshock, or heart feliure.	compilections that List only one cau	ceused the da	eth. Do n	ot entar th	ha mode	of dying, sucl	h as cerd	iac or respi	ratory an	est,	Approxim	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	uppe	(OR AS A)CONSEC	top	NE	ti	alhe	mol	hou	ie		Onset an	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OH AS A CONSECTION AS A CONSEC	J815	se t	COV						2do	es es
	PART Ji. Other significant condition	s contributing to	deeth but not re	esuiting is	the unde	erlying	cause givan in	Part I.	24a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY F	INDINGS
PHYSICIAN: MEDICAL	renal tailur	e							PERFOR	1		AVAILABLE PRIOR COMPLETION DF () OF DEATH?	TO
AN	25. WIS CASE REFERRED TO MEDICAL	en				26 84 84	CE OF DEATH (Che						
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:		5 Residence						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME INJU	OF 28	8c. INJUF	TA Y		CRIBE NOW II	NJURY OCC	URED		
	3 Suicide 6 Could not be detarmined	28s. PLACE Of building.	INJURY — At hor itc. (Specify)	ne, farm, st	reet, factory	y, offica			TION (Street a or Town, State)	nd Number	or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of										s) and manner as s	tated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	RK N	かり			2	9c. LICENSE NUM	OBER O		29d. DATE	SIGNED	(Month, Day, Year)	,
F 11	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALL	E OF OCATAL STEEL	AT (T	D. C. O.	- 1			. 7				

Contract of



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEAT	TH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)	70)		DATE OF DEATH	vi lister	3. TIME OF DEATH
	DAISY MC	m:11	ion		MONTH DA	YEAR	1900 M
	4. SOCIAL SECURITY NUMBER / 5. SEX 6. AGE (In yr.		F UNDER 1 YEAR IF UNDER	R 24 HRS. 7.	DATE OF BIRTH	6. BIRTI	HPLACE (State or Foreign
	220-12-5523 10M2×F	5 YRS.	ONTHS DAYS HOURS	MIN.	(Month, Day, Year)	Count	TH CAROLINA
	9e. FACILITY NAME (if not institution, give street end number)	9	b. CITY, TOWN OR LOCATI	ON OF DEATH	0-01/	9c. COUNTY OF D	
H	ST. AGNES HOSPITAL	100	BALTI	IMOR	7		
5	RESIDENCE OF DECEDENT		NACII	THOR	E		
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	M.D.	BA	LITIMOR.	E			1 X YES 2 NO
¥.	10e. STREET AND NUMBER		101, ZIP COD	ε		10g. CITIZEN OF	WHAT COUNTRY?
9	1100 PENNSYLVANIA AVE; #	910	2	120		115	A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDENT C	OF HISPANIC O	RIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,
BY	1 Never Married 2 Merried FORCES? 1 YES 2 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	MINO	If yes, specify Cube		ierto Rican, etc.)	Spec	k, White, etc.
ED B			/			B	LACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of world	UAL OCCUPATION k done during most of working	ng	16b. KIND OF BUS	INESS/INDUSTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5+)	iffe. Do NOT use n		,	1		
COMPLET		HOME	MAKER				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTI	HER'S NAME (First, Middle, Maiden S	iumeme)	
BE	40. 050000000000000000000000000000000000						
2	19e. INFORMANT'S NAME (Type/Print)	19b, MAILING AD	DDRESS (Street end Number	·			
	20a, METHOD OF DISPOSITION	7431 r	LOWERTON !	TD. BA	LTIMORE	7	
	1 Buriel 2 Cremation 3 Removal from State cometery	r, cremetary or other	DISPOSITION (Name of plece)			ATION — City or To	
	6 Donetion 6 Other (Specify) 21. SIGNATURE OF, FUNERAL SERVICE LICENSEE	BUTUS	CEMETE		AR	BUTUS,	MARYLAND
1	NO DE		JOSEPH H	· BROW	ON JR. F	UNERAL	Home, P. A.
	Kanh 10	γ	1913W. BAL	TIMOR	EST. BAL	TA. MA. =	
	 PART I. Enter the diseases, or complications that caused the ehock, or heart fellure. Liet only one cause on each 	deeth. Do not	enter the mode of dyi	ing, such aa	cardiec or reepir	atory arrest,	Approximete
Į.	IMMEDIATE CAUSE (Fine)	line,					Interval Between Onset and Death
	disease or condition - 5401) Can	MIA					2 days
	DIE TO (OR AS A CON	NSEQUENCE OF):		/			Lary
Z	- In ita	bolie	acid	2411			20'
5	Sequentielly list conditione, If any, leading to immediate DUE TO (OR AS A CON	SEQUENCE OF):					
2	cause. Enter UNDERLYING CAUSE (Disease or injury						
E	thet initiated events resulting in deeth) LAST	NSEOUENCE OF):					
CERTIFICATION	d						
	PART ii. Other significent conditions contributing to deeth but n	ot resulting in t	the underlying cause of	iven in Part	i. 24a. WAS AN A	WTOPSY 24h	. WERE AUTOPSY FINDINGS
DICAL	KIGHT VENTRYIII AN	e in	FADET	-	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION DE CAUSE
MED			11001		1 TYES 2	NO	OF OEATH?
≥							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DI	EATH /Chaok o	-1,,		
38	EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpatient 2 ER/Outpatien		THER:				
ž	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME O	□ Nursing Home 5 □ Re F 28c, INJURY AT		Other (Specify)	ILIEM COCURED	
- 10	Netural 5 Pending (Month, Day, Year)	INJUR	WORK? M 1 YES 2		. OESCHIBE HOW IN	JOHT OCCORED	
P.	2 Accident Investigation 3 Suicide & Could not be 26e. PLACE OF INJURY — A	l home, farm, stree		_	LOCATION (Street or	od Mumbas as Dumi I	North Atronbas
	4 Homicide determined building, etc. (Specify)		Ti, Tatory, Olivo	1 201.	City or Town, State)	u number or nurer n	ioure number,
COMPLETED	29e. CERTIFIER						
M P	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one)						11
8	One) 2 MEDICAL EXAMINER: On the basis of examination end	i/or investigation, i	n my opinion, death occur	ed at the time,	date end place, and	due to the causes	ond minor so of the 1
H	AND AND THE SECTIFIER	14010	29c. LICE	NSE NUMBER	7 11,1	29d. OATE SIGNED	(Month, Day, Year)
ဥ	Z LEHKHKITI KIT	INGIP.	MEDVICE	150	1/2	- AUC	F.17, 43
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 Chipm. Pri	an an	100	10-0	2	
	syncusty, by Too CHION	Ave	10H. 1V	1112	1629	<i>t</i> .	
31	31. DATE FILED (Month, Day, Year) ALIG 2 3 1993 32. REGISTRANG SIGNATUR Suha Jav doon	- Randoll			7		

	1. DECEDENT'S NAME (First, Middle, Last)	Robert	Livin	ngston	Muasa		2. DA	TE OF DEATH),	1 2	. TIME OF DEATH
	ROBERT MYERS	Kopert	LIVII	igs con i	nyers	·	MOI			YEAR	5:15
	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. le		UNDER 1 YEA		s. 7. DA1	E OF BIRTH onth, Day, Year)	-		ACE (State or For
	217-05-0649 9a. FACILITY NAME (If not institution, give	1 🛛 M 2 🗆 F	72	YRS.		72 Example 20	1 10	0/2/192		Balti	more
OR	THE JOHNS HOPKINS					MORE CIT			9c. COUNTY OF DEATH		
ווו	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c, CITY, TO	OMBL OD LO	CATION					
DIRECTOR		ltimore		(C.C.) (C.)	arkvi						LIMITS?
	10e. STREET AND NUMBER	1 CIMOI C		1 10	IVVI	10f. ZIP CODE			10g. CITIZE		T COUNTRY?
FUNERAL	2726 Alden Ro	ad			ı	21236			Uni	ted	States
E.	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 ☑	VER IN U.S. AI	RMED		DECENDENT OF HIS			n or No- 1	4. RACE —	- American India Vhita, alc.
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 VI	OR DATES	,		YES 2 X NO Sp		o ricali, etc.)		Specify:	White
E	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a, Di	ECEDENT'S USU	JAL OCCUP	ATION	1	6b. KIND OF BU	SINESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii	e. Do NOT use ret	tired.)				1		
COMP	17. FATHER'S NAME (First, Middle, Last)	2		Admini	ıstra				lth Ca	re	
_	Jesse O. My	ers					,	t, Middle, Maiden			
O BE	19a, INFORMANT'S NAME (Type/Print)	19	Bertha I. Wheeler 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
ĭ	Eunice R. Myers 2726 Alden Road Baltimore, Md. 2123							2123	6		
- 1	206. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Removal from State 4 Donaldon 6 Other (Specify) Towson, Mail										
	4 U Donalion 6 U Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	ICENSEE Mark	T. Za		_	COPP.		93 10	owson,	Mar	yrand
12		PIGIN	I. La	VUVIIG I							
	b Way let	Lavarasa			Lec	onard J.	Ruck	, Inc.			
-	Market. 23. PART I. Enter the diseases, pr	Sausyna complications that ca			Lec 530	onard J. 05 Harfor	Ruck d Ro	, Inc. ad Bal	timor	e,	21214
	23. PART I. Enter the diseases, pr shock, or heart failure.	complications that ca	used the de	eath. Do not a	Leo 530 anter tha	onard J. 05 Harfor mode of dying, a	Ruck d Ro	, Inc. ad Bal	timor	e,	Approxima
	IMMEDIATE CAUSE (Final disease or condition	. test only one cause !	oused the do	leath. Do not a	enter the	mode of dying, a	uch as ca	irdiac or resp	Iratory arres	e, In par	Approximatintarval Be Onset and
	IMMEDIATE CAUSE (Final	complications that cause is a Cur dioc	oused the do	leath. Do not a	enter the	mode of dying, a	uch as ca	irdiac or resp	Iratory arres	e, by par	Approximatintarval Be Onset and
NO	IMMEDIATE CAUSE (Final disease or condition	a. Cordioa DUE TO (OR	oused the do	leath. Do not a	enter the	mode of dying, a	uch as ca	irdiac or resp	Iratory arres	e, by pat	Approximatintarval Be Onset and
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cordioa DUE TO (OR	oused the do	leath. Do not a	enter the	onard J. D5 Harfor mode of dying, a after monary anenty	uch as ca	irdiac or resp	Iratory arres	e, by par	Approximatintarval Be Onset and
IFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Cordios DUE TO (OR D. DUE TO (OR) DUE TO (OR) DUE TO (OR)	AS A CONSE	leath. Do not a	enter the	mode of dying, a	uch as ca	irdiac or resp	Iratory arres	e,	Approxima Interval Be Onset and
ERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Cordios DUE TO (OR D. DUE TO (OR) DUE TO (OR) DUE TO (OR)	AS A CONSE	Shoc counce on:	enter the	mode of dying, a	uch as ca	irdiac or resp	Iratory arres	e, by par	Approxima Interval Be Onset and
CE	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. ON DIE TO (OR DUE TO)))))))))	AS A CONSE	Shoc course on:	palm	after nonary aneutry	Cordio to	pulmani repa.	Ary A	by par	Approximal Interval Be Onset and
CE	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. ON DIE TO (OR DUE TO)))))))))	AS A CONSE	Shoc course on:	palm	after nonary aneutry	Cordio to	PAMONIAN AND PERFOR	AUTOPSY	by party	Approximation interval Be Onset and S A A A A A A A A A A A A A A A A A A
CE	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. ON DIE TO (OR DUE TO)))))))))	AS A CONSE	Shoc course on:	palm	after nonary aneutry	Cordio to	Physical Property of the Prope	AUTOPSY	24b. WI	Approximintarval Be Onset and S A A A A A A A A A A A A A A A A A A
MEDICAL CE	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. ON DIE TO (OR DUE TO)))))))))	AS A CONSE	Shoc course on:	palm	after nonary aneutry	Cordio to	PAMONIAN AND PERFOR	AUTOPSY	24b. WI	Approximal Interval Be Onset and S A A A A A A A A A A A A A A A A A A
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MPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. DUE TO (OR DUE	AS A CONSE AS A C	Shock on the second of the sec	28c. M 1 [t, factory, o	work of dying, a after the control of the control o	in Part I. (Check only 28d. D 28d. D	24s. WAS AN PERFORM 1 Z YES 2 One) Des (Specify) ESCRIBE HOW I Proposed to the proposed for the proposed	AUTOPSY NMED? I NO NJURY OCCU	24b. Will AND CC ON 1 1 PRED	Approxima interval Be Onset and 3 // // // // // // // // // // // // /
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E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. DUE TO (OR DUE	AS A CONSE AS A C	EQUENCE OF: reaulting in the 28b. Time Of INJURY ome, farm, street	28c. M 1 [the time, do in my opinion	worky are place and place, and on, death occurred at	In Part I. (Check only 28d, D 28d, D 28d, LC Ch	24s. WAS AN PERFORM 1 Z YES 2 One) Des (Specify) ESCRIBE HOW I Proposed to the proposed for the proposed	AUTOPSY IMED? I NO NJURY OCCU	24b. WI AN CO PRED PRUIS RED	Approximatintarval Be Onset and 3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	MAS	SNHE	IME	6	2. DATE OF DE		YEAR O	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	Country)	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give street and BALTIMORE VETEX) RESIDENCE OF DECEDENT		SPITAL	.)	CTMO	ATH		UNTY OF DE	
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimo	re		town on Local	TION				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1233 Birch Avenue			101	21227		10g. CI	TIZEN OF WI	1 ☐ YES 2 ☒ NO
BY FUN	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN RCES? 1 VES ES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 X NO Specifi	n, Puerto Rican,		Black,	- American Indian, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d) • (1-4 or 5 +)	16a. DECEDENT'S L	JSUAL OCCUPATION of during monotred.)	ON st of working	16b. KIND	OF BUSINESS/IN		ilte
COMPLETED	10th 17. FATHER'S NAME (First, Middle, Last)	(14 01 0 17)	Chauffe	ur	18. MOTHER'S NA		rucking		
BE	Charles W. Masenheim	er			P	atti Sm	ith		
2	Helen J. Masenheimer				nd Number or Rural I				2.7
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from 4 Donetton 5 Other (Specify)	20h	PLACE AND DATE OF OTHER PLACE AND DATE OF OTHER PLACE AND DATE OF THE PLACE AND DESCRIPTION OF THE PLAC	F DISPOSITION /No	enue, Ar	DATE	20c. LOCATION -	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/ ()	ddoll Pal	22. NAME AN	o Address of FA	al Home	, Inc.		Maryland
	23. PART I. Enter the diseases, or complication	itions that caused	tha death. Do no	1328	Sulphur :	Spr. Rd	Arbut	us, M	d. 21227
	ahock, or heart failure. List onl IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	y one cause on ea	TON						Interval Between Onset and Death
NOI	Sequentielly list conditions, if any, leading to immediate	HIP P	CONSEQUENCE OF)	JA C		Dom	predict ex	EDICAL EX	WHER .
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:					
CER	d								
MEDICAL	PART II. Other algnificent conditions contri	buting to death bu	ut not reaulting in	tha underlying	g cause given in	P	MAS AN AUTOPSY PERFORMED? YES 2 1 NO	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI		PITAL:	ntient 3 DOA	OTHER:	ACE OF DEATH (Che		***		
BY PHYSICIAN: ME		Month, Day, Year)	993 Unk	OF 28c. INJ	URY AT	28d. DESCRIBE	HOW INJURY OF		- 11/2
		building, etc. (Speci	At home, farm, str fy) Home	reet, fectory, office		1233 E	(Street end Number State) Birch	or Rural Roca Avenu	
COMPLETED	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the								and manner ee stated.
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER TOFFE	EYLOTA	IKAR. M	1,2	29c. LICENSE NUM 29c. LICENSE NUM	IBER	29d. DAT	E SIGNEDIA	Aonth, Day, Year)
	38 NAME AND ADDRESS OF PERSON WHO COMPLETED FOR A LOTALKA	ETES CAUSE OF DEA	TH (ITEM 27) (Type, F	#27/5)				
8	31. DATE FILED (Month, Day, Year) 32. AUG 2 3 1993	REGISTRAR'S SIGNA	TURE						

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

REG. NO.

		sit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law meaning that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has be a recommending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		iner must be notified at once.
BAL	urs after death.	in by the funer	removal.	edicai exam
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	recorded that the death certificate be executed within 24 nou	be your completely filled it	hours after death with the State Dept	item 28 is marked, or item 23 suppression inters or other traumatic event, the medical examiner must be notified at once.
SION OF VITAL	ENDING PHYSICIAN: The law	DR: After this certificate has b	ter death with the State Oept.	8 is marked, or item 23
	OR ATT	DIRECT	hours af	item 21

2. DATE OF DEATH DAY 3. TIME OF DEATH 93 binson 8-20-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 4-6-37) S. CAROLINA 247-56-8210 1XXM20F HOURS 56 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOME HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
UNITED STATES 21213 2045 E. HOFFMAN STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BLACK 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LABORER BROODY VINEYARD 17. FATHER'S NAME (First, Middle, Lest)
GEORGE ROBINSON 90. INFORMANT'S NAME (Type/Print)
MARGARET D. ROBINSON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2045 E. HOFFMAN ST., BALTIMORE, MD 21213 20e. METHOD OF DISPOSITION
1 September 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State CRING MEMORIAL PARK 8-26 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SÉRVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta ehock or heert failure. Liet only one cause on each line. intarvai Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Carcinoma with reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in daeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Unperlant 2 ER/Outpetlant 3 DOA OTHER: 1 TYES 2 NO ne 5 🗆 Rasidenca 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 2ef. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER
(Check only one)

A SPICAL EXAMASE. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the pasts of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(s) at 290 SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 20 010 5 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) AUG 2 3 1993 32 REGISTRAR'S SIGNATURE Lulia

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE - REGISTRAR	STATE OF M	ARYLAND /	DEPART	IMENT OF	HEALTH	AND MI	ENTAL HYGIEN	E	00	64476
	1. DECEDENT'S NAME (First, Middle, Last)		CE	RIIF	CATE	F DEAT		REG. NO.			
	JOHN Frankl		PER				- 1	AUGUST 20		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-30-0395	5. SEX	6. AGE (In yrs. last		MONTHS DAY		MIN. 7	(Month, Day, Year)	934	8. BIRTHPL Country)	ACE (State or Foreign Maryland
	9a. FACILITY NAME (If not institution, give st	treet end number)			96. CITY, TOV	N OR LOCATION				ITY OF DEAT	
DIRECTOR	UNION MEMORIAL F	HOSPITAL			BA	LTIMOR	E Cit	ty			
M	10e. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LO	CATION				10	d. INSIDE CITY
7 2	MARYLAND			BA	LTIMOR	E Ci	ty				LIMITS?
A A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ		T COUNTRY?
FUNERAL	3726 EVERGREEN AV					2121	4			USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 XN	MED	If yea	specify Cuben,	HISPANIC , Mexicen, F Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No-	14. RACE — Bleck, W Specify:	American Indian, Thite, etc.
	15. DECEDENT'S EDUC	2471011				^					ITE
ETED	(Specify only highest grade	completed)	(Gr	VEDENT'S U Ve kind of wo Do NOT use	SUAL OCCUP	ATION most of working		16b. KIND OF BUS	INESS/INDI	USTRY	
COMPLE	Elementary/Secondery (0-12)	College (1-4 or 5+)			Rep.			S	ecuri	t.v	
ō	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAME	(First, Middle, Maiden :		- J	
BE C	Frank	klin W. R	oper				Mary	J. Meek	ins		
10	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Stre	et end Number o	or Rural Rout	te Number, City or Town	, State, Zip	Code)	
F	VIRGINIA ROPER		3	3726	EVERGR	EEN AVI	ENUE	BALTIMORE	E, MD	. 212	14
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	205. PLACE A	ND DATE OF	RK CEM	(Name of ETERY	8/	23/9B BAL			
	21. SIGNATURE OF FUNERAL SERVICE LIQ	ENSEE Milton	J Knight		7	AND ADDRESS					
	> melton	Karawa	1.CT.	C OI				i, INC. oad Baltir	2000	MAD1	214
12.5	23. PART I. Enter the diseases, of c	omplicationa (this	caused (He dea	eth. Do no	t enter the	mode of dving	a such a	e cardiac or rearis	ilore,	MUZI	
	shock, or heart failure. I	list only one caus	e on each line.			mode or dying	g, sucii a	s cordiac or reapir	atory arre	ret,	Approximate interval Between
	disease or condition resulting in death)	PROG	ABLE	/	4/0	CAR	014	1 111	040	(770)	Onset and Death
	reauting in death)	DUE TO (C	OR AS A CONSEO	UENCE OF)	, ,		Uni	L 111.	///-	27707	
Z	Commendation than any state of the	CORE	NAR	4	ANC	TERY	/	018			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEC	UENCE OF)							
FIC.	CAUSE (Disease or injury that initiated eventa	DUE TO (C	OR AS A CONSEC	LIENCE OF							
F	reaulting in death) LAST		AG A GGIIGEG	OLNOL OF J.							
핑											
Ä	PART II. Other significant conditions	contributing to d	eath but not re	suiting in	the underly	Ing cause giv	ven in Par	t I. 24a. WAS AN / PERFORE	WTOPSY WED?		RE AUTOPSY FINDINGS
8	011100	163	1016	201	103			1 - YES 2		CO	MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICA											YES 2 NO
A	as una construction of the										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEA	ATH (Check	only one)			
ΤΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I						Other (Specify)			
	1 Netural 5 Pending	(Month, Day,	Year)	28b. TIME INJUI	YP	NJURY AT WORK? YES 2 1		d. DESCRIBE HOW IN	JURY OCCI	JRED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hom	ne, ferm, atr				f. LOCATION (Street or	nd Number o	y Bural Boute	Alembar
TED	4 Homicide determined	building, et	c. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.0	City or Town, State)	resiliator U	war nouse	evalendo,
S'E	290. CERTIFIER	IAN: To the beat of m	y knowledne dee	th occurred	at the time of	tte and elece	nd due to t	he cause(a) end menr			
COMPLET	OME DICAL EXAMINER	t: On the basis of exam	mination end/or in	veatigation,	in my opinion	, death occured	at the time	he cause(a) end menr , date end piece, end	due to the	o. ceuse(e) en	d manner ee stated.
E C	296. SIGNATURE AND STREET CERTIFIER					29ç. LICENS					nth /Day, Year)
8	1 species	ra	mos			1008	754	4	N C	20	C 2

5714 HARFORD ROAD BALTIMORE, MD. 21214

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

RIVERA

DR.

LUIS E

31. DATE FILED (Month, Day, Year)
AUG 2 3 1993

more of the said

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	OINIE OF MINITERIN	CERTIF	ICATE OF	DEATH	REG. N		
		1. DECEDENT'S NAME (First, Middle, Last)	Robi	noon			2. DATE OF DEATH		3. TIME OF DEATH
		100 - 0010		75. lest birthdey) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month) Day, Year)		BIRTNPLACE (State or Foreign Country)
pinous		Se FACILITY NAME (If not institution, give street	<u> </u>	Tho.	9b. CITY, TOWN C	OR LOCATION OF O	4/4/11 EATN	9c. COUNT	VIV9/A/Q Y OF DEATH
2, 3	TO.	BON SECOURS /	Hospital	-	Batt	more	City		
Pages 1,	DIRECTOR	10a. STATE / 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
permit. Pages		10a. STREET AND NUMBER			S/4////	. ZIP CODE		10a. CITIZE	1 ✓ YES 2 ☐ NO
ışı	FUNERAL	2412 W. FRI	ANKliN:	51.		2122	3	U	S,A.
ending physician. as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	endent of NISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Y in, Puerto Ricen, etc.) y:	es or No — 14	RACE — American Indian, Black, White, etc.
use	TED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATIO	ON st of working	16b. KIND OF B	USINESS/INDUS	STRY
E 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Hor	nemi	9 Kee			
by the hospit be detached at once.	1	17. FATHER'S NAME (First, Middle, Last)	phoson	,		18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)	
5 should notified	TO BE	196 INFORMANT'S NAME (Type/Print)	DI 1	19b. MAILING	ADDRESS (Street a	ind Number or Rural	Agute Number, City or To	uyn, State, Ziel Co	(Pa) /
	-	200. METNOD OF DISPOSITION	Thilmore	2410	2 W, F	RANKI	inst B	9/10.	md, 21223
ge 6 may irector, pai		1 Denation 5 Other (Specify)	of from State cemeter	y, comatory or o	OF DISPOSITION (Na	em	28 20c.	ocation 4 cit	y or Town, State
after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICEN	Russ		22. NAME AN	DAODRESS OF FA	outs Ful	Kerni e Ro	Hope whome
within 24 hours upletely filled in I cremation, or revent, the med		23. PART I. Enter the diseases, or conshock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	PVE VOVA DUE TO (OR AS A CO	scula	L acci		h as cardiac or rea	piratory arres	t, Approximate Intervel Between Onset and Death
certificate be executed or certificate by execute physician and Hygiene prior to but or other traumatics.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
Me he		PART II. Other significent conditions of	contributing to death but r	not resulting	In the underlying	cause given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
that ed b th ar	MEDICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e law requires has been sign Dept. of Heal		25. WAS CASE REFERRED TO MEDICAL			00 84	105.05.05.05.1711.01			
CIAN: The striffcate he State [PHYSICIAN:	EXAMINER?	OSPITAL:	nt 3 🗆 DOA	OTHER:	ACE OF DEATN (Ch	8 Other (Specify)		
NG PHYSICIAN: The law requires for this certificate has been sign eath with the State Dept. of Heal marked, or item 23 shows.		27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	28d. OEŞCRIBE NOW	INJURY OCCUP	RED
OR ATTENDING F DIRECTOR: After t hours after death item 28 is mar	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — A building, stc. (Specify)	At home, ferm, s		/ES 2 NO	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
7 10 -	COMPLETED		N: To the best of my knowledge On the basis of examination en						
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	TO BE C		oud Mis			29c. LICENSE NUM D432	MBER		IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WNO C	OMPLETEO CAUSE OF OEATN	(ITEM 27) (Type,	Print)				
	10	31. DATE FILED (MONIN DRY, Yang 93	12 AEGISTRAN SIGNATU	Endell					

(of)
BALTIMORE, MARYLAND 21215-0020	ter death, Page 6 may be retained by the hospital or attending physician.
$\mathbf{\omega}$	ter

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					IOATE		DLA	111		EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH			3. TIME OF DEATH
	FRANCIS	5 н. 1	RIEBE,	JR.					August			3	12:40 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	HTRE		B. BIRTH	PLACE (State or Foreign
	218-07-0806	1X M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	July 2		003	Country	y)
	9e. FACILITY NAME (If not institution, give s	treet and number)	7.5		9b. CITY	TOWN C	OR LOCATI	ON OF DE		27, 1		ITAL	
Œ	Church Hospita						Lmore				90. 0001	111 0- 0	LAIN
DIRECTOR	RESIDENCE OF DECEDENT				D	ати	HIOLE	9 611	. y				
띮	10e. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
등	Maryland			l F	alti	morc							LIMITS?
4	10e, STREET AND NUMBER				artr		ZIP COD	e .		_	10- 0171	7511 05 11	1 X YES 2 NO
BY FUNERAL	3503 East Fayette	Chanash				101		_			-		THAT COUNTRY?
쀨	11. MARITAL STATUS							224				·S.A	
교	1 Never Married 2 Merried		YES 2 1	MED NO	13.	WAS DEC	ENDENT Cook	OF HISPAN In, Mexice	IIC ORIGIN? (Sen., Puerto Rican	pecify Yes	or No-	14. RACE Black	- American Indian, White, atc.
¥	3 Widowed 4 Divorced	IF YES, GIVE W			1	YES	2 X NO	Specify				Specif	^{y:} White
	15. DECEDENT'S EDU	W.W.											WILLE
삗	(Specify only highest grade	completed)	/G	CEDENT'S ive kind of a Do NOT us	work done i	during mo	DN st of workir	ng	16b. KiN	D OF BUS	INESS/IND	USTRY	
اير	Elementary/Secondary (0-12)	College (1-4 or 5+)) "			0.010			,	7	D - 1		
COMPLETED				E	ngin	eer				Rail			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle	e, Maiden S	Surname)		
H	Francis H.	Riebe, S						nora			eiss		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, C	ity or Town	, State, Zip	Code)	
-	Mrs. Elnora Riebe		_ 3	3503	East	Fav	ette	St.	, Balt	imor	e. M	d. 2	1224
	200 METHOD OF DISPOSITION	00400000000	20h PLACE	AND DATE	TE DISPOS	ITION /No.	me of		DATE	200 1 00	ATION (City or Ton	on Ctat-
	1 Surial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from Stata	Oak T	matory or o	Ceme	terv	. 8	-23-	1993	Ra1	timo	ro 1	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE,	T O GATE I	300711	22.1	NAME AN	ID ADDRES	SS OF FAC	CILITY	Dal	C IIIIO	10,	nal ylanu
	NU00 7	1/20	_		M	oran	-Ash	ton	Funera	1 Ho	me.	Inc.	
	- Tulley X	lachs		0550	3	000	East	Ba1	timore	St.	. Ba	1t	Md, 21224
- 1	23. PART I. Enter the diseases, or of shock, or haert failure.	complications that	caused the de	eth. Do r	ot enter	the mo	de of dyl	ing, auch	n aa cerdiac	or reepir	atory arr	est,	Approximata
	IMMEDIATE CAUSE (Final					_							Interval Between Onset and Daeth
	disease or condition	Cons	estru	e Ha	Rai	77	ai	Rece	e				
ı	resulting in death)	DUE TO	OR AS A CONSE	DUENCE OF	F):								
-		ASC	WD										j
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSE	QUENCE OF	F):								
¥	if any, leading to immediate cause. Enter UNDERLYING				,								İ
윤	CAUSE (Disease or injury that initiated events	CDUE TO (OR AS A CONSE	DUENCE OF	D:								<u> </u>
E	resulting in death) LAST												ĺ
8		d											
اب	PART II. Other algnificent condition	e contributing to	deeth but not r	eeuiting	n tha un	derlying	ceuse ç	lven in i	Pert I. 24a	. WAS AN	UTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Resal 1	Caileur	e							PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DiobeTR	- mock	ihr	/					- 10	YES 2	Б ио		OF DEATH?
Σ	0 011	7 4	J						_				1 YES 2 NO
Ž.	COA												
걸	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ick only one)				
YS	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA			• 5 □ Re	sidence	8 🗆 Other (Spi	ecify)			
PHYSICIAN:				28b, TIM	E OF URY	28c. INJU WOI			28d. DESCRIE	E HOW IN	JURY OCC	URED	
	27 MANNER OF DEATH	28e. DATE OF I (Month, Day	y, remi)										
	27 MANNER OF DEATH Natural 5 Pending	28e. DATE OF I (Month, Da	y, rour)		М	1 🗌 Y	'ES 2] NO					
B	27 MANNER OF DEATH 1 Netural 5 Pending	(Month, Day 28s. PLACE OF	INJURY — At ho		M treet, facto			NO	28I, LOCATION	N (Street ar	nd Number	or Rural R	oute Number,
B	27 MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	(Month, Day 28s. PLACE OF			M street, facto			NO	28I, LOCATION City or Tox	N (Street ar wn, State)	nd Number	or Rural Ru	oute Number,
B	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF building, e	INJURY — At ho	ma, farm, s		ory, office			City or Tox	wn, State)			oute Number,
B	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ma, farm, s	d at the 1	ory, offica	and place,	, and dua	City or To	wn, State) and men	ner aa state	ıd.	
B	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ma, farm, s	d at the 1	ory, offica	and place,	, and dua	City or To	wn, State) and men	ner aa state	ıd.	and menner as stated.
E COMPLETED BY	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	28s. PLACE OF building, a	INJURY — At ho tic. (Specify) my knowledge, de aminetion and/or	me, ferm, seth occurre	nd at the 11	ory, offica	and place,	, and dua	City or ion to the cause(a) time, data and	wn, State) and men	ner as state	nd. n ceuse(n)	
BE COMPLETED BY	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	(Month, De 28s. PLACE OF building, e	INJURY — At ho http://dx.com/specify/	ma, farm, s	nd at the 11	ory, offica	and place,	, and dua	City or ion to the cause(a) time, data and	wn, State) and men	due to the	ed.	and menner as stated.
E COMPLETED BY	27 MANNER OF DEATH 2 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, De 28s. PLACE OF building, e	INJURY — At ho http://dx.com/specify/	ma, farm, s	nd at the 11	ory, offica	and place,	and dua ed at the t	to the cause(s)	and menr	due to the	ed.	and menner as stated.
BE COMPLETED BY	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	(Month, De 28s. PLACE OF building, e	INJURY — At ho http://dx.com/specify/	ma, farm, s	nd at the 11	ory, offica	and place,	and dua ed at the t	to the cause(s)	and menr	due to the	ed.	and menner as stated.
BE COMPLETED BY	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of r R: On the best of axi	INJURY — At ho the. (Specify) my knowledge, de amination and/or i	ma, farm, s	nd at the 11	ory, offica	and place,	and dua ed at the t	City or ion to the cause(a) time, data and	and menr	due to the	ed.	and menner as stated.
BE COMPLETED BY	27, MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO WARD AD	CIAN: To the best of r R: On the best of axi COMPLETED CAUSE 32. REGISTRAR	INJURY — At ho the. (Specify) my knowledge, de amination and/or i	ma, farm, s	nd at the 11	ory, offica	and place,	and dua ed at the t	to the cause(s)	and menr	due to the	ed.	and menner as stated.

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	REGISTRAR C	ERTIF	CATE OF	DEATH	REG. N	0.		
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH
	CATHERINE E. RUSSELL					D	PYEAR	12 10 Mm
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. la.	at birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI	PLACE (State or Foreign
	215-10-3846 10M2 PF 81	YRS.	MONTHS DAYS	HOURS MIN.	5-7-	12	M	_
	9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF C	EATH	9c. COUN	ITY OF O	
5	St. Agnes Hospital		Ва	altimore				
DIRECTOR	HESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	I 10c CITY	, TOWN OR LOCA	TION				
뜻	Md Baltimore	100. 011	, TOWN ON LOCA	TION			- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		10	f. ZIP CODE		40. 0171	7531 05 111	1 YES 2 NO
8	120 Park Caton Apts, 303 Maiden Ch	haiaa						HAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			21228	NIC ORIGIN? (Specify Y		USA	American Indian,
	1 Never Married 2 Merried FORCES? 1 YES 2 X	NO	if yes, sp	ecify Cuban, Mexic	en, Puerto Ricen, etc.)	W 0/ NO	Black,	, White, etc.
ВУ	3 Wildowed 4 Divorced		I I I I I I I I	2 K NO Speci	77		Specifi	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DE	ECEDENT'S	USUAL OCCUPATI	ON pet of working	16b. KIND OF B	USINESS/INO		
E	Elementary/Secondery (0-12) College (1-4 or 5+)	. Do NOT us	rork done during me e retired.)	or or working				
₩		Hous	sewife		Own	Home		
8	17. FATHER'S NAME (First, Middle, Lest) Charles E. Strong				AME (First, Middle, Meide	n Sumeme)		
BE					Lainhart			
2					Route Number, City or To			
					303 Maide			
	1 \times Burlail 2 \(\) Cremation 3 \(\) Removal from State \(\) Cemelery, cre \(\) Donation 5 \(\) Other (Specify) \(\) LOULO	ematory or oti	FOISPOSITION (Na her place)	me of		OCATION (
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ni rai		ND ADDRESS OF FA	8/21/ Ba	Ltimor	e, M	ld.
	LA VOALM		Ster1	ing Asht	on Funera	1 Home	2	
	(Call) Calle (NOW		736 E	dmondsor	Avenue B	alto,	Md.	21228
	23. PART I. Enter the diseases, or complications that caused the de ehock, or heart fellure. List only one cause on each line	eth. Do n	ot enter the mo	de of dying, suc	ch ss cardiec or ree	olratory arre	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition		0 1					Onset and Death
	disease or condition resulting in death) e. CS or Au OUE TO OR AS A CONDI	-	tail um					days
	V							47
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUENCE OF):					Moulls
CAT	cause. Enter UNDERLYING							1
Ē	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSE	OUENCE OF):					
ᇤ	resulting in death) LAST							
0	PART II. Other significent conditions contributing to deeth but not r	meulting is	the underlyin	n celles alven in	Part I. 24a. WAS A	I ALCTOROU	100	
DICAL	Pulknesn's Disease		The dideligning	g caoac given in	PERFO	RMED?	1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
	(Altersa) Viscous				1 YES	NO		DF DEATH?
: ME							1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26 01	ACE OF DEATH (C)				
Sic	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DO4	OTHER:					
Ħ	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJL	JRY WO	PRK?			01120	
) BY	3 Suicide 28e. PLACE OF INJURY — At ho	eme, farm, st			28f. LOCATION (Street	and Number	or Rural Ro	oute Number,
E	4 Homicide determined building, etc. (Specify)				City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, de	eth occurre	d at the time, date	end place, and due	to the cause(s) and m	nnor en elete	4	
No.	one) 2 MEDICAL EXAMINER: On the basis of examination end/or	Investigation	, in my opinion, d	eath occured at the	time, date end place, e	nd due to the	ceuse(e)	end menner ee stated.
	29b. SIGNATURE AND STILE DE CENTIFIER			29c. LICENSE NU				Month, Day, Year)
BE	STW (SIA) MI)						1/20	
2	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITER	M 27) (Type,	Print)				120	117
	Sikorski MD							
, 1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
/ /\ B	AUG & 3 1993 Allie Tringen Transle	4						

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1	L	J	1
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle,	(gst)	5	14		DEATH	2. DATE OF	DEATH	NY,	ČŽ.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-05-92	331 - M 2 X F	AGE (In yrs. last i	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		15	8. BIRTH Countr	APLACE (State or Foreign of the Control of the Cont
90. FACILITY NAME (If not institution, Mahor C RESIDENCE OF DECEDEN	are Tou	v sor		TO NAME OF THE	WSO			9c. 001	NTY OF D	imore
10a. STATE 10b. C	Baltimore		10c. CITY, TOV		ION					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			TO	rson 101	ZIP CODE			10g. CIT	rizen of v	1 TYES 2 NO
509 E. Joppa I 11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT 8 FORCES? 1 [IF YES, GIVE WAR	YES 2 NO	(ED	13. WAS DEC	21204 ENDENT OF HISPAI city Cuben, Mexics 2 NO Specific	in, Puerto Rica	specify Yes	or No—	U.S 14. RACI Bleck Spec	E — American Indian, k, White, etc.
3 Widowed 4 Divorced 15. DECEDENT': (Specify only highest Elementary/Secondary (0-12)		(Ghu	EDENT'S USUA e kind of work d Do NOT use retin	one during mo ed.)	st of working	16b. Kil	ND OF BUS	SINESS/IN	DUSTRY	white
8 17. FATHER'S NAME (First, Middle, La	et)			Home	Maker 18. MOTHER'S NA	ME (First, Mide	lia. Melden	Sumame)	90x0 90x0	
Marion Obitz										
19a. INFORMANT'S NAME (Type/Print		19b.	MAILING ADDI	RESS (Street a	nd Number or Rural	Route Number,	City or Tow	n, State, Zi	ip Code)	
Wayne Smith		1	8 Tree	farm	Court G1	en Arm				
20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3			ND DATE OF Corematory or other		`	DATE			- City or To	
4 □ Donation 5 □ Other (Specify, 21, SIGNATURE OF FUNERAL SERV)		Gard	lens of		D ADDRESS OF FA	/23/93	Ro	ssvi	11e,1	4G
>	02 2021022				n/Roseda Chesaco		eral Rose	Hom	e MD	21237
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECU	UENCE OF):	CA	Voios	12 S CV	IAI	2 D	1361	ıse
PART II. Other significant con	ditions contributing to d	eath but not re	esulting in the	underlyin	g cause given in		a. WAS AN PERFOI	RMED?	248	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
		F		-1	C (A)					
25. WAS CASE REFERRED TO MEDI-	HOSPITAL:		ОТ	26, PI	ACE OF DEATH (C	heck only one)				
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending		IJURY		Nursing Hon 28c. IN. WC	URY AT PRES 2 NO	8 Other (S		INJURY O	CCURED	
2 Accident Investig 3 Suicide 8 Could r 4 Homicide determi	ot be 28e. PLACE OF building, et	INJURY At hon c. (Specify)	ne, ferm, street	factory, offic	9 1		ON (Street fown, State		er or Rural	Route Number,
Corrock orny	PHYSICIAN: To the best of m									a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	of Wy	~~	15		DS9	MBER 770		29d. DA	TE SIGNE	0 (Month, Day, Year) -21-93
A-SEVECIO	CASSANEG				RIDG	E D	E _	131	-ctl	21236
AUG 2 3	1993 Julia	Day don-	Pandelle							



3 21 73 6:45r

316-312 Niemen Care Towson James Bullimore

Baltinges

93 24497

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	DEATH		REG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	7 , ,	P				2. DATE C				3. TIME OF DEATH
3	STINE, N	Robert	F.				08	2°	75 9	2 ^Y 5	4:35 PM
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		8. BIRTH	PLACE (State or Foreign
	218-05-933=	13€M2□F	73	YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Pay, Your	0	Countr	Md
	9e. FACILITY NAME (If not institution, give				9b. CITY TOWN	OR LOCATION OF D	EATH	TIV	9c. COUN	TV OF D	FATU
Œ	Stella Maris Ho				1941		CAIII /			1.00	
12	RESIDENCE OF DECEDENT	oprec				owson.			Ba	ltim	ore
Ä	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CITY
DIRECTOR	Maryland Ba	ltimore				Do 1 to i marcon				Í	LIMITS? 1 TES 2 NO
	10e. STREET AND NUMBER			_		Baltimor	<u>e</u>		10n CITIZ	EN OF W	WHAT COUNTRY?
E.	8306 Karl Ave.					21227					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S. ARI	MED	13 W6S DI	21237 CENDENT OF HISPA	NIC OBIGINS	/Carally Mar		S.A	- American Indian.
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1.52	YES 2 N	0	If yes, s	pecify Cuban, Mexic	an, Puerto Ri	can, etc.)	0 NO.	Black	, White, etc.
B	3 Widowed 4 Divorced		VII		1 1 1	S 2 NO Speci	ry:			Specif	white
品	15. DECEDENT'S EDU	CATION	16a. DEC	CEDENT'S	USUAL OCCUPAT	ION	16b. I	UND OF BU	SINESS/IND	USTRY	MITTEE
L	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gin	ve kind of a Do NOT us	work done during n se retired.)	nost of working					
립	9			Mac	hinest			Com	ers (70	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-				18. MOTHER'S NA	ME (First Mi			J(7 •	
	Robert Stine					Katie		,			
BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	end Number or Rural	Brute Numbe	Chu or Tow	on Chata 7/n	Codel	-
2	Mae P. Lynch-Stin	10									
	20e. METHOD OF DISPOSITION				OFDISPOSITION	e. Rose	oate		CATION C		
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cren	netory or o	ther plece)						
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE)	Gard	ens	of Fait	AND ADDRESS OF FA	3/123/9	A Ros	svill	e Mi	aryland
	1/25/1	V_			C 1	100	LE	11		10	Λ
_	(0)				CVH	1/ Koseda	16 1	H- 1.	2110	hes	acother.
	23. PART I! Enter the diseeses, or ehock, or heert feliure.	complications that ca	used the dec	eth. Do r	not enter the m	ode of dying, aud	ch es cardie	c or respi	iretory erre	est,	Approximete
	IMMEDIATE CAUSE (Finel	. 0									Interval Between Onset and Death
	disesse or condition	Jung	Cane	es							
		DUE TO OR	AS A CONSEO	UENCE O	F):						
2	Sequentially list conditions,	b									
Ĕ	if any, leading to immediate	OUE TO (OR	AS A CONSEO	UENCE O	F):						
5	CAUSE (Disease or Injury	c									
E	that initiated events resulting in death) LAST	OUE 10 (OR	AS A CONSEO	UENCE O	F):						
CERTIFICATION		d									
	PART II. Other eignificant condition	e contributing to dee	th but not re	aulting	in the underlyi	ng cause given in	Part I.	4a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL								PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— ·	YES 2	NO		OF DEATH?
Σ										1	1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					N 405 05 454711 10					
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (C)	-		1100	210	
¥	27. MANNER OF DEATH	1 Inpatient 2 ER		28b. TIM		me 5 Residence				1/C	E
	1 Natural 5 Pending	(Month, Day, Ye		INJ	URY W	JURY AT ORK? YES 2 NO	28d. DESC	HIBE HOW II	NJURY OCC	URED	
ğ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN.	IURY — At bon	ne term			804 1 0005	1011 1011		-	
	4 Homicide 8 Could not be determined	building, atc.	(Specify)	10, 101111, 1	ereet, rectory, orn	co	City or	Town, State)	and Number (or Hural H	oute Number,
	29e. CERTIFIER										
COMPLETED	(Check only	CIAN: To the best of my I									
Ş I	2 MEDICAL EXAMINE	R: On the beele of exami	nation end/or in	rveatigatio	n, in my opinion,	death occured at the	time, date e	nd place, en	d due to the	ceuse(s)	end manner es stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE	n Ca	,	۸	1 -	29c. LICENSE NU	MBER	, 1	29d. DATE	SIGNED	(Month, Day, Year)
	Callax	helley	Lan	de	10	1027	087	-	18	120	193
8T0	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM	27) (Type,	Print)						
1					<u>v</u>				•		
7	AUG 23 199	32. REGISTRAR'S	SIGNATURE		£						
199	AUG 2 3 199			A . F A	_						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		C	ERTIF	ICATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GRACE NAOMI SHR	FVF					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	and hirthday)	IF UNDER 1 YEAR	F (100F0 44 100	+	21, 19		1154		
	217-38-2612	1 □ M 2 💢 F	87	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea APRIL 1:	1)	Country	PLACE (State or Foreig TIMORE		
CTOR	99. FACILITY NAME (If not institution, give of 707 MAIDEN CHOIC) RESIDENCE OF DECEDENT		BLDG. 7		96. CITY, TOWN BALTI	OR LOCATION OF D	EATH	9c. COU	BAL	TIMORE		
DIREC	10e. STATE 10b. COUNT	ALTIMORE		10c. CIT	Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2X NO		
ERAL	10e. STREET AND NUMBER 707 MAIDEN CHOICE		RIDC 7			OF. ZIP CODE	0	10g. CIT	IZEN OF WI	HAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1	12. WAS DECEDEN	T EVER IN U.S. A		If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.	Yee or No-	14. RACE	S.A. — American Indian, White, atc. WHITE		
LETED	15, OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S (Give kind of a fe. Do NOT us	USUAL OCCUPATI work done during m	ION lost of working	16b. KINO OF	BUSINESS/INI	DUSTRY	WILLE		
COMPL	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)			SUPER	VISIOR	18. MOTHER'S NA	INTER		VENUI	E SERVICE		
BE	BENJAMIN STEPHENS 190. INFORMANT'S NAME (Type/Print)			DE MAII INO	ADDRESS /Street		A MORGAN Route Number, City or	Power State 74	n Code)			
2	LES BIRDSEIL, III						LINTHICU			90		
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLAC		OF DISPOSITION /A			LOCATION —	_			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
: MEDICAL	PART ii. Other algolificent condition	na contributing to	death but not	PERFORMED? 1 YES 2 NO OF D						WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	PLACE OF DEATH (C	heck only one)	k only one)				
BY PHYSI	1 VES 2 NQ 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28e. DATE OF	INJURY	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE HO	OW INJURY OC	CUREO			
ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	of INJURY — At I etc. (Specify)	home, farm, (street, factory, offi	Ce	28t. LOCATION (Sh City or Town, S	reet and Numbe itate)	or or Rural Ac	oute Number,		
MPL	29e. CERTIFIER 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINE									and menner ee state		
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	ickrid	Sus		181	29c. LICENSE NU			TE SIGNEO	(Month, Day, Year)		
2	DR. ALAN McBRIDG 31. DATE FILEO (Month, Day, Year) AUG 2 3 199	E - 711 N		CHOIC	E LAND -		ILLE, MD					



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TO THE HOSPITAL OR ATTENDING PAYOR

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF	F HEALTH AND	MENTAL HYGIEN		
	į.	1. OECEDENT'S NAME (First, Middle, Last) JAMES A.	STE	WART	JR.	2. DATE OF DEATH DATE OF AUGUST 13	3, 1993	3. TIME OF DEATH 8:45A
P		214-50-4402	SEX 8. AGE (In yrs. last 45	YRS. MONTHS DA		7. DATE OF BIRTH 1 Month, 2 4 Year 4 7	8, BIF	ATHPLACE (State or Foreign (Inter) AROLINA
, 2, 3 should	TOR	99. FACILITY NAME (If not institution, give street THE JOHNS HOPKIN RESIDENCE OF DECEDENT			MN OR LOCATION OF DI TIMORE CIT		9c. COUNTY OF	
it. Pages 1,	DIRECTOR	100. STATE MARYLAND 100. COUNTY		BALTIMO	R E			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ansit perm	VERAL	1105 N. BRADFORD	STREET		101. ZIP CODE 21213		UNITE	F WHAT COUNTRY?
is the burlal-transit permit, Pages	D BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEOENT EVER IN U.SVAR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	IO If ye	DECENOENT OF HISPAN I, specify Cuben, Mexica YES 2 NO Specify		BI	ACE — Americen Indian, ack, White, etc. eccity: BL.ACK
5 should be detached for use as notified at once.	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	apleted) (Gi	ve kind of work done during DO NOT use retired.) DISABLED	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
ld be detach	BE CON	17. FATHER'S NAME (First, Middle, Last) JAMES A. STEWAR				ME (First, Middle, Maiden YSANDER		
lage 5 should be notified	101	199. INFORMANT'S NAME (Typo/Print) CECELIA MC BURRO	UGHS 196	1101 N.	BRADFORD	ST. BALT	I MORE,	MD 21213
must	7	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramoval 4 Donetton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State carreten crev	ELL MEMO	RIAL GARI	DEN8-25 B	ALTIMO	
43 43		Honey	tek.4	Bas WM		CH FH. 11		ORTH AVE.
completely filled in by the ial, cremation, or removal.		IMMEDIATE CAUSE (Final	plications that caused the determine only one cause on each line. Acquired IMM DUE TO (OR AS A CONSECTION				ratory arrest,	Approximate interval Between Onset and Daath
ending physician and Hygiene prior to bur or other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO					
certificate has been signed by the atterned state of Health and Mental I, or Heart 23 shows any Injury,	MEDICAL	PART II. Other significant conditions of dissemin and MA		eaulting in the under	ying cause given in	Part i. 24a. WAS AN. PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ertificate has the State De; or Neen 22	YSICIAN:	1 YES 2 NO	OSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	S. PLACE OF OEATH (Che			
the right	D BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At hon	INJURY M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN 26f. LOCATION (Street e		il Route Number
L DIRECTOR 2 hours afte if liem 28	COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only	t: To the best of my knowledge, dea	ath occurred at the 1ime,	date end place, end due	City or Town, State) 10 the cause(s) and men	ner ee stated.	
TO THE FUNERAL be filed within 72 IMPORTANT: II	TO BE CO	296. SIGNATURE AND ATTLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSONAPIO CO	The beets of examination end/or in	'D	29c. LICENSE NUM	IBER	29d. DATE SIGNI	ED (Month, Day, Year)

HILLARY HAHMMO INTOWER DOCTOR'S LOWNEE JAG BALTIMONE MD

31. DATE FILEO (MONTH), Day, Year)

AUG 2 3 1993 July Daylon Annual

	FOR	
4	STATE	

21. 500

REGISTRAR 1. DECEDENT'S NAME (Fig.	si, Middle Leet)							DATE	REG. NO			3 TIME	OF DEATH
		,	11.00					1	MONTH	D	AY	YEAR		
4. SOCIAL SECURITY NUM	ONALI MBER		6. AGE (In yrs. I		IF UNDER	R 1 YEAR	IF UNDER 2	HRS. 7	DATE (2. F BIRTH		199 8. BIRT	HPLACE /S	tate or Foreign
214-42-1663	3	1 ☑ M 2 □ F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month)	Day, Year)	43	Cour	ARYLA	ND
9a. FACILITY NAME (If not	institution, give	street and number)			96. CITY	r, TOWN O	R LOCATION	OF DEAT	Н		9c. COU			
4027		5 ROAD				BAI	TIMO	RE	CIT	Y				
RESIDENCE OF DE	10b, COUN	TY		10c. CIT	Y. TOWN	OR LOCATI	ION						10d INS	IDE CITY
4027 RESIDENCE OF DE 100. STATE MARYLAND				1000		MORE							1.000	S 2 NO
	R						ZIP CODE				10g. CITI	IZEN OF	WHAT COL	
4027	7 FALL	S ROAD					2	1211					SA	
10e. STREET AND NUMBER 402 11. MARITAL STATUS 1 Never Married 2 5 3 Widowed 4 Driv	Merried	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES 2 X			If yes, spe	ENDENT OF celfy Cuben, 2 NO	Maxican, I		(Specify Yelican, etc.)	s or No-	Ble	CE — Americk, White, and the colly:	ican Indian, itc.
/Consider or	CEDENT'S ED		16a. D	DECEDENT'S	USUAL O	CCUPATIO	ON at all working		16b.	KIND OF BU	SINESS/IND	DUSTRY	****	211
□ Flementary/Secondary	1	College (1-4 or 5+)	*	life. Do NOT us	se retired.)									
17. FATHER'S NAME (First,		2 YRS	U	INEMPL	OYED) - D								
TIT FIGORD 1	39/1-7	m 7						P'S NAME		iddle, Maiden	Surname)			
ELWOOD 1		14	1.	19b. MAILING	ADDDEC	S /Street					um Otess W-	Code		
BARBARA SE			,							RE, M			21211	
20s, METHOD OF DISPOSI	ITION		20b. PLACE	EAND DATE				174 ALI I	OATE		CATION -			
1 Surial 2 Cremet	tion 3 🗆 Re	moval from Stata	WOOD	cremetory or o	central CEME	TERY	7	8/25			LTIMO			
21. SIONATURE OF FUNER	AL DEDVICE I													
	IAL SERVICE L	LICENSEE	10				D ADDRESS					170	M	0-5-
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	ala diseases, or haart fallure	r complications that a. List only one cause	se on aach itr	ne.	not anter	A. A 3818	LAN S ROLA de of dyln	SEITZ AND A	VEN	ac or reap	ALTIM	ORE reat,	, MAF	RYLANI proximate arvai Betv
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	diseases, or haart failure inai	r complications that b. List only one cause a. Arters DUE TO (e on each lir	BEOUENCE OF	not anter	A. A 3818	LAN S ROLA de of dyln	SEITZ AND A	VEN	UE, B.	ALTIM	ORE reat,	, MAF	RYLANI proximate arvai Betv
MMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification	diseases, or heart failure final fittons, rediate ying jury ast	r complications that b. List only one cause a. Arter DUE TO (OR AS A CONSI	BEOUENCE OF	not anter	A. A. 3818 r the moo	ALAN S ROLA de of dyln	AND A	VEN s card	UE, B.	ALTIM	ORE reat,	MAF	RYLANI pproximate arvai Betw iset and D interproperties interproperties into properties into
NA Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) PART II. Other significations are supported by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signif	diseases, or haart failure final fittona, rediate ying jury and conditions.	r complications that b. List only one cause a. Arter out to (OR AS A CONSI	BEOUENCE OF	not anter	A. A. 3818 r the mod	ALAN S ROLA de of dyln	SEITZ AND A g, such a	VVEN VIE CARD	UE, B. ac or reap	ALTIM	ORE reat,	MAF	PYLAND Proximate arvai Betw set and D Propsy Finol E PRIOR TO TION OF CAUSA HY
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) PART II. Other significations and the cause of the cause	diseases, or haart failure final fittona, rediate ying jury and conditions.	a. Attended to the total and the total and the total and the total and the total and t	OR AS A CONSI	SEQUENCE OF	not anter	A. A 3818 r the mod	ALAN S ROLA de of dyln g cause gl	SEITZ AND A g, such a security on In Pa	VEN VE CARD	UE, B. ac or reap A clus 24a. WAS AN PERFO	ALTIM	ORE reat,	MAF	PYLAND Proximate arvai Betw set and D Propries Propr
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) PART II. Other significations and the cause of the cause	diseases, or haart failure final fittona, rediate ying jury and conditions.	a. Attended to the total and the total and the total and	OR AS A CONSI	SEQUENCE OF	orhe	A. A 3818 r the mod	ALAN S ROLA de of dyin g cause gl	Ven In Pa	VEN VE CARTON ON VEN VEN VEN VEN VEN VEN VEN VEN VEN VE	UE, B. ac or reap A dia 24a. WAS AN PERFO 1 CYES:	ALTIM	MORE,	MAF	PYLAND Proximate arvai Betw set and D Propries Propr
MMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are considered as a considered	diseases, or haart fallure final titlona, redilate ying jury as To MEDICAL	DUE TO (d. DUE T	OR AS A CONSI	SEQUENCE OF TRANSPORT OF THE PROPERTY OF THE P	orhe	A. A. 3818 r the modern the moder	ALAN S ROLA de of dyin g cause gl	Ven in Pa	VEN VE CARTON ON VEN VEN VEN VEN VEN VEN VEN VEN VEN VE	UE, B. ac or reap A clus 24a. WAS AN PERFO	ALTIM	MORE,	MAF	PYLANI Proximate arvai Betw set and D Propsy Finding E PRIOR TO TION OF CAU HY
MMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the cause of t	diseases, or haart fallura final fittona, rediate flury in grant conditions.	DUE TO (d	OR AS A CONSI	SEQUENCE OF TRANSPORT OF THE PROPERTY OF THE P	OTHE 4 DURY	A. A. 3818 r the modern the moder	ALAN S ROLA de of dyln g cause gl ACE OF DE. 5 × Res URY AT RES 2	SEITZ AND A g, such a g, such a grant of the character of	VEN VE CARD OF THE	UE, B. ac or reap A dia 24a. WAS AN PERFO 1 CYES:	ALTIM AUTOPSY RMED? 2 NO INJURY OCH and Number	244	MAF	PYLANI Proximate arvai Betv set and D Propsy Find E Pron of Cau H?
MMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME	diseases, or haart fallure fillona, redilate fil	r complications that a. List only one cause a. Auturn DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (Month, De 1) 28s. DATE OF (Month, D	OR AS A CONSION AS	SEQUENCE OF THE PROPERTY OF TH	OTHE 4 Number of Survey M	A. A 3818 r the mod 26. PL R: raing Horn 26. INJ 1 Y ttory, office	ALAN S ROLA de of dyin according cause gl according cause gl according cause gl	ven in Pa	only one of the cause of the ca	24a, WAS AN PERFO (Specify) CRIBE HOW TION (Street or Town, State or Town, Sta	ALTIM NAUTOPSY RMED? 2 NO INJURY OCH and Number	244	NO. WERIE AL AVAILABIL	PYLAND Proximate arvai Betw set and D Propries Prior To Tropsy Finol E Prior To Tron of CAU H 7 S 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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